



**Mississippi Academy of Family Physicians 2021 Annual Scientific Assembly
July 17-21 • Baytowne Conference Center • Sandestin, Florida**

REGISTRATION FORM

Badge Name:	Check One: ___ MD ___ DO ___ Fellow ___ NP
AAFP Member #:	Clinic Name:
Cell:	Clinic Address:
E-mail:	Clinic City/State/ZIP:
Spouse/Guest Name:	Childrens' Name(s) and Age(s):
Spouse/Guest E-mail:	

REGISTRATION TYPE:	FEE:	T-Shirt Size	Charge
MAFP Active Member	<i>Fee Before July 1 - \$450; After July 1 - \$500</i>		\$
MAFP Life Member	<i>Fee Before July 1 - \$350; After July 1 - \$400</i>		\$
Non-MAFP Member	<i>Fee Before July 1 - \$550; After July 1 - \$600</i>		\$
Family Medicine Resident	<i>Fee Before July 1 - \$75; After July 1 - \$100</i>		\$
Medical Student	<i>No Registration Fee</i>		n/a
Spouse/Guest	<i>Fee Before July 1 - \$175; After July 1 - \$200</i>		\$

Day	Event	Time	Fee	# Participating	Charge
Saturday, July 17	KSA: Cerebrovascular Disease	1-5 pm	Member \$125, Non \$250	#	\$
Sunday, July 18	Clinically-Correct Coding Workshop	1-3 pm	Included in registration fee	#	n/a
	'Game On' Family Fun Night	6-7:30 pm	Included in registration fee	#	n/a
Monday, July 19	Spouse Bingo	9 am	Included in registration fee	#	n/a
	Golf Tournament at The Raven	2 pm	\$130/player	#	\$
	<i>Foursome & Handicaps: _____</i>				
	Academy Amazing Race	5-7 pm	\$35 per team/family	#	\$
Tuesday, July 20	Members Lunch (Members Only)	12 noon	Included in registration fee	#	n/a
	Charter Fishing Trip	2-7 pm	\$255/person	#	\$
	MAFP Awards Lunch EXTRA Tickets	12 pm	\$45/person EXTRA tickets	#	\$
	MAFP Split the Pot Drawing ___ If I win, please donate \$ _____ to the Foundation.		\$100/ticket	#	\$

<i>EXTRA ITEMS: The items below will be waiting for you at the Registration Desk.</i>					
Hard Copy Syllabus:	Online syllabus is available for no charge. Handouts will be available online and in the mobile app in July.	\$100.00	#	\$	
Watercolor Print:	12 x 15 color print, signed and numbered by artist Katie Erickson. (Special price for Annual Meeting attendees only.)	\$50.00	#	\$	
Images Book:	<i>Images in MS Medicine</i> book by family physician Dr. Luke Lampton	\$50.00	#	\$	
Kids T-shirts (write quantity):	___ XS (2-4) ___ S (6-8) ___ M (10-12) ___ L (12-14) ___ Adult S	\$18/shirt	#	\$	
TOTAL AMOUNT DUE:				\$	



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CREDIT CARD INFORMATION:

Name as Printed on Card:	
Billing Address:	
Billing City/State/ZIP:	
Type of Card: <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Card Number:	Expiration Date:
Authorization Number: (3 digits on back, or 4 digit on front of AmEx):	Amount of Payment: \$
Signature:	

_____ **First Time Attendee** (please check if first time to attend an MAFP Annual Meeting)

Do you or any of your guests have any physical, dietary restrictions, or food allergies? If so, please list below:

WHAT'S INCLUDED IN THE REGISTRATION FEE?		
<i>Event</i>	<i>Included in Registration Fee?</i>	<i>Included in Spouse Fee?</i>
<i>CME Sessions</i>	✓	
<i>Admission to Physician Marketplace</i>	✓	✓
<i>CME Luncheons</i>	✓	
<i>Family Fun Night</i>	✓	✓
<i>Sunrise Devotionals</i>	✓	✓
<i>Yoga</i>	✓	✓
<i>Awards Luncheon & Installation Cer.</i>	✓	✓
<i>Breaks</i>	✓	
<i>Breakfast Buffets</i>	✓	✓
<i>Spouse Bingo</i>		✓
<i>Convention T-shirt</i>	✓	✓
<i>Convention Gift</i>	✓	

CHILDREN 18 YEARS OR OLDER: Children 18 years or older who plan to attend any functions listed on this form must pay Guest registration fee.

CANCELLATION POLICY:
In the event your registration must be cancelled, your fee (less \$75.00) will be refunded if we are notified by July 1. No refunds will be made after July 1. **NO REGISTRATIONS OR ACTIVITIES MAY BE CANCELLED AFTER ARRIVING AT CONVENTION.**

Attendee list will include those who have registered by July 10, 2021.

T-shirt size requests will be taken until Wednesday, June 17. After that, your size availability is NOT guaranteed.

ACCOMMODATIONS:
While in Destin, I will be staying (please check):

 At the Sandestin Resort
 Off Property

MAFP Use Only:
Date Received: _____
Amt. Paid: _____
Check #: _____
Balance Due: _____

**QUESTIONS? Contact MAFP Office at 601-853-3302 or
kristen@msafp.org**

**Mail or fax completed form with payment to:
MAFP - 755 Avignon Drive - Ridgeland, MS 39157
Fax: 601-853-3002**