MISSISSIPPI ACADEMY OF FAMILY PHYSICIANS

Mississippi Academy of Family Physicians 2025 Annual Scientific Assembly
July 19-23 • 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:	**Children's Name(s) and Age(s)**:
Spouse/Guest E-mail:	

REGISTRATION TYPE:	**FEE:**	**T-Shirt Size**	**Charge**
MAFP Active Member	*Fee Before July 1 - $475; After July 1 - $525*		$
MAFP Life Member	*Fee Before July 1 - $375; After July 1 - $425*		$
Non-MAFP Member	*Fee Before July 1 - $575; After July 1 - $625*		$
Family Medicine Resident	*No Registration Fee*		n/a
Medical Student	*No Registration Fee*		n/a
Spouse/Guest	*Fee Before July 1 - $200; After July 1 - $250*		$

Day	**Event**	**Time**	**Fee**	**# Participating**	**Charge**
Sunday, July 20	KSA: Diabetes	1 – 5 pm	Member $125, Non $250	#	$
	MAFP Family Fun Night Block Party	6 -7:30 pm	Included in registration fee	#	n/a
Monday, July 21	Spouse Bingo	10 am	Included in registration fee	#	n/a
	Golf Tournament at The Raven	2 pm	*$130/player*	#	*$*
	Foursome: _____				
	Family Crab Hunt	Evening	Included in registration fee	#	n/a
Tuesday, July 22	MAFP Awards Lunch (Members Only)	12:30 pm	Included in registration fee	#	n/a
	MAFP Awards Lunch EXTRA Tickets	12:30 pm	$50/person EXTRA tickets	#	$
Wednesday, July 23	MAFP Split the Pot Drawing ***___ If I win, please donate $_____ to the Foundation.***		$100/ticket	#	$

EXTRA ITEMS: The items below will be waiting for you at the Registration Desk.					
Student/ Resident Spons:	Your contribution will directly help offset the cost of students and residents' rooms & convention expenses. You will receive a Student Supporter ribbon.		$50.00		
Watercolor Print:	12 x 15 Family Medicine print, signed and numbered by artist Katie Erickson. (Special price for Annual Meeting attendees only.)		$50.00	#	$
Images Book:	*Images in MS Medicine* 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 ___ Adult M ___ Adult L ___ Adult XL ___ Adult 2XL ____ Adult 3XL		$20/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: ___ American Express ____ Discover ___ MasterCard ___ Visa	
Card Number:	Expiration Date:
Authorization Number: (3 digits on back or 4 digits on front of AmEx):	Amount of Payment: $
Signature:	

*Please note that a 3% processing fee will be added to all credit card transactions.

_____ Check enclosed with registration form.

_____ **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?		
Event	*Included in Registration Fee?*	*Included in Spouse Fee?*
CME Sessions	√	
Admission to Physician Marketplace	√	√
CME Luncheons	√	
Sunday Family Fun Night at the Diamond	√	√
Sunrise Devotionals	√	√
Yoga	√	√
Awards Luncheon & Installation Cer.	√	√
Breaks	√	
Breakfast Buffets	√	√
Spouse Bingo		√
Convention T-shirt	√	√
Convention Gift	√	

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 June 25. No refunds will be made after June 25. **NO REGISTRATIONS OR ACTIVITIES MAY BE CANCELLED AFTER ARRIVING AT CONVENTION.**

Attendee list will include those who have registered by July 7, 2024.

T-shirt size requests will be taken until June 10. After that, your size availability is NOT guaranteed.

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

____ *At the Sandestin Resort*

___ *Off Property*

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

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