



Registration Form Coordinator Leadership Conference

Section I – Coordinator Information

Coordinator _____	Degree(s) _____	T-Shirt Size _____
Organization _____		
Address _____		
City _____	State _____	Zip _____
Daytime Phone _____	Fax _____	E-mail _____

July 20 – 22, 2004
Registration Deadline:
June 22, 2004

Please mail or fax this form to:
 AAFP
 Attn: Keri Magnuson
 11400 Tomahawk Creek Pkwy
 Leawood, KS 66211-2672
 Phone (800) 274-2237 ext. 5316
 Fax (913) 906-6082
 or register online at:
www.tarwars.org

Section II – Registration, Meals and Transportation

Complimentary meals and transportation are provided for each paid registrant. Additional guest passes may be purchased for \$115 each (\$55 for children 10 and under) and include all meal functions and transportation costs for scheduled events. Please indicate quantity of each pass needed.

Conference registration fee	\$150
Total number of additional meal and transportation passes (adults) _____ (902) x \$115 = \$ _____	
Total number of additional meal and transportation passes (children) _____ (903) x \$55 = \$ _____	
Total	\$ _____

Section III – Guest Information

Guest Information (t-shirts sizes available are Adult S, M, L, XL; and Child S, M, L):

1.) _____ Name T-Shirt Size	2.) _____ Name T-Shirt Size
3.) _____ Name T-Shirt Size	4.) _____ Name T-Shirt Size

Section IV – Hotel Information

Registrants are responsible for making their own hotel reservations.

- The room block will be held until **June 22, 2004**.
- Be sure to inform the hotel that you are with the AAFP Tar Wars Coordinator Leadership Conference.
- Call the Old Town Holiday Inn Select at (800) 368-5047 or (703) 549-6080 to make reservations.
- Reservations may be cancelled up to 24 hours before the day of arrival.

Section V – Payment Information

Please enclose a check or include credit card information for payment of registration and additional guest pass fee(s). Payment must accompany this form.

Visa MasterCard Check (make payable to AAFP)

Card number _____	Exp. date _____
Name on card _____	Signature _____



Special Needs

Some attendees may need accommodations (physical or dietary) under the American with Disabilities Act in order to fully participate in these activities. To assist us in making arrangements, please let us know below if anyone in your party may need accommodations:

For AAFP Use Only

AMT _____

CK# _____

Date of CK _____

Detached _____



**American Academy
of Family Physicians**