



Registration Form for Students and Families Tar Wars National Poster Contest

Section I – Student/Family/Guest Information

Name of Student Winner _____ T-Shirt Size _____

Social Security Number (for receipt of Savings Bond at Awards Ceremony) _____

Name of Primary Parent/Guardian _____ T-Shirt Size _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____ E-mail _____

Section II – Meals and Transportation

Complimentary meals and transportation are provided for each state winner plus ONE parent/guardian. 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 and carry over dollar amounts.

Total number of complimentary meal and transportation passes required (student winner + one parent/guardian)	2	(901)	NC
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 National Poster Contest.
- 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 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 _____

July 21 – 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



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 _____



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