

Registration Form for Coordinators Tar Wars National Conference July 21 – 22, 2008

**Registration Deadline:
June 20, 2008**

Section I – Coordinator Information

Coordinator _____ Degree(s)/Title(s) _____

Organization _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

E-mail _____

Section II – Meals and T-shirt

Complimentary meals and t-shirts are provided for each paid registrant. Additional guest passes may be purchased for \$125 each (\$60 for children 10 and under) and include all meal functions and costs for scheduled events.

Registration Fee _____ (901) x \$150 = \$ _____

Total number of **additional** meals (adults) _____ (902) x \$125 = \$ _____

Additional Guest/Adult Names _____

Total number of **additional** meals (children) _____ (903) x \$60 = \$ _____

Additional Guest/Child Names _____

Total \$ _____

Section III – Guest Information

Please indicate dates you and your guests plan to attend:

Monday, July 21 (961)

Tuesday, July 22 (962)

Section IV – Hotel Information

Registrants are responsible for making their own hotel reservations.

- The room block will be held until **June 20, 2008.**
- Call the Holiday Inn Capitol at (202) 479-4000.
- Be sure to inform them that you are with the AAFP Tar Wars National Conference.
- Reservations may be cancelled without charge in writing up to 72 hours prior to 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 Discover American Express

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:

In case of emergency, please contact:

Name _____

Phone _____

The AAFP must receive notice of cancellation by June 30. Requests for full cancellations will be refunded less a \$50 administrative fee. See entire policy at www.aafp.org/mtginfo.



Please mail or fax this form to:
AAFP, Attn: Contact Center
11400 Tomahawk Creek Pkwy • Leawood, KS 66211-2672
Phone: (800) 274-8043 • e-mail: contactcenter@aafp.org
Fax: (913) 906-6075 or register online at: www.tarwars.org

