

Registration Form for Students and Families

Tar Wars National Conference

July 21 – 22, 2008

Registration Deadline:
June 20, 2008

Section I – Student/Family/Guest Information

Name of Student Winner _____

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

Name of Primary Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

E-mail _____

Section II – Meals and T-shirt

Complimentary meals and t-shirt are provided for each state winner plus one parent or guardian. Additional guest passes may be purchased for \$125 per person (\$60 for children 10 and under) and include all meals and costs for scheduled events.

Total number of complimentary meals required (student winner + one parent or guardian)
2 (901) x \$0 = \$0

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 _____



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

