



Registration Form Coordinator Leadership Conference

July 12 – 14, 2003
Registration Deadline:
June 21, 2003

Please mail or fax this form to:
AAFP
Attn: Housing & Registration
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:

Coordinator or Health Care Professional _____ Degree(s) _____

Organization _____

Names of All Additional Guests _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____ E-mail _____

Are you a Tar Wars Star Award Winner? Yes No
Are you a Tar Wars Scholarship Recipient? Yes No

Complimentary meals and transportation are provided for each paid registrant. Additional guest passes may be purchased for \$95 each (\$45 for children 10 and under) and include all meal functions and transportation costs for scheduled events. Please indicate quantity of each pass needed.

Total number of **additional** meal and transportation passes needed at \$95 each _____ (902)

Total number of **additional** meal and transportation passes needed at \$45 each _____ (903)

A Complimentary t-shirt is provided for each paid registrant. Please indicate quantity of each t-shirt size needed.

Adult S _____ Adult M _____ Adult L _____ Adult XL _____

Child S _____ Child M _____ Child L _____

Please indicate dates you and your guests plan to attend:

Saturday, July 12 (904) Sunday, July 13 (905) Monday, July 14 (906)

Will you be staying at the Old Town Holiday Inn Select? YES (907) NO (908)

Registrants are responsible for making their own hotel reservations.

- The room block will be held until **June 13, 2003.**
- 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.

Conference Registration Fee	\$150
Number of guest passes _____ X \$95 (Adults and children over 10)	\$ _____
Number of guest passes _____ X \$45 (Children 10 and under)	\$ _____
Total Cost	\$ _____

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 _____



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of Family Physicians**

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AMT _____
CK# _____
Date of CK _____
Detached _____