



Registration Form Coordinator Leadership Conference

July 17 – 19, 2005
Registration Deadline:
June 20, 2005

Please mail or fax this form to:
AAFP
Attn: Nicole Long
11400 Tomahawk Creek Pkwy
Leawood, KS 66211-2672
Phone (800) 274-2237 ext. 5322
Fax (913) 906-6083
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 _____

Section I – Coordinator Information

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

Organization _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____ E-mail _____

In case of emergency, please contact:

Name _____ Phone _____

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

Please indicate dates you and your guests plan to attend:

Sunday, July 17 (960) Monday, July 18 (961) Tuesday, July 19 (962)

Section IV – Hotel Information

Registrants are responsible for making their own hotel reservations.

- The room block will be held until **June 20, 2005**.
- 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 Discover American Express Check (make payable to AAFP)

Card number _____ Exp. date _____

Name on card _____ Signature _____



**American Academy
of Family Physicians**