

**Instructions:** Complete form and return to MAFP. Please submit individual registration forms for each attendee.



**Registration Fees**

**Regular**

**After 02/01/18**

- Active/Supporting AAFP Member \$150.00 \$175.00
- First Time Attendee A/S AAFP Member \$ 62.50 \$ 80.00
- Physician Office/Nurse Manager/Staff \$115.00 \$145.00
- Retired/Life AAFP Member \$115.00 \$145.00
- Resident/Fellow AAFP Member No Charge No Charge
- Student Member/Non Member No Charge No Charge
- Physician Non-Member \$200.00 \$225.00
- Retired Physician Non-Member \$175.00 \$200.00
- Allied Health Professional \$150.00 \$175.00
- Retired Allied Health Professional \$125.00 \$150.00
- Guest Lunch #\_\_\_\_\_ \$ 20.00 \$\_\_\_\_\_
- Contribution to the MAFP Foundation to Support Medical Student Initiatives** \$\_\_\_\_\_

TOTAL ENCLOSED

\$\_\_\_\_\_

Name: \_\_\_\_\_ Professional Title:  MD  DO  NP  PA-C Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Method:  Check # \_\_\_\_\_ (Payable to MAFP)  MasterCard  VISA  AMEX

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Name on Card (Please Print): \_\_\_\_\_

Address On File With Visa/MC (If Different Than Above) \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Send Completed Form With Payment To:**

Maryland Academy of Family Physicians • 210 Green Bay Rd • Thiensville, WI 53092  
 Phone: 410-747-1980 • Email: info@mdafp.org • Website: mdafp.org