

70TH ANNUAL CONFERENCE OF THE IDAHO ACADEMY OF FAMILY PHYSICIANS



SCIENTIFIC SESSION REGISTRATION:

- | | | |
|--|----------|----------------|
| <input type="checkbox"/> AAFP/IAFP MEMBER | \$225.00 | |
| <input type="checkbox"/> NON-MEMBERS | \$300.00 | |
| <input type="checkbox"/> ALLIED HEALTH PROFESSIONALS | \$250.00 | |
| <input type="checkbox"/> ONE-DAY FEE | \$150.00 | Subtotal _____ |
|
<input type="checkbox"/> FEE EXEMPT REGISTRANTS - NO REGISTRATION FEE FOR RESIDENTS, STUDENTS, RETIRED PHYSICIANS, HOWEVER, ALL SPOUSES, GUESTS, RESIDENTS, STUDENTS, RETIRED PHYSICIANS AND EXHIBITORS MUST PURCHASE TICKETS FOR THE "INSTALLATION & AWARDS LUNCHEON." | | Subtotal _____ |
| <input type="checkbox"/> INSTALLATION LUNCH - SATURDAY, MAY 5, CONTINENTAL ROOM, SUN VALLEY RESORT -ONE TICKET PROVIDED FOR PAID REGISTRANTS) EACH ADDITIONAL TICKET \$25.00.
I WILL NEED ___ ADDITIONAL TICKETS @ \$25.00 | | Subtotal _____ |
| <input type="checkbox"/> ABFM KNOWLEDGE SELF-ASSESSMENT SESSION (KSA) (CARDIOVASCULAR DISEASE) - SUNDAY, MAY 6 AN ADDITIONAL FEE OF \$75.00 WILL BE CHARGED TO ATTEND THIS SESSION (PRE-REGISTRATION IS REQUIRED). | | Subtotal _____ |
| <input type="checkbox"/> YES, I WANT TO RECEIVE PRINTED CONFERENCE MATERIAL. ALL REGISTRANTS WILL RECEIVE THE SPEAKER POWERPOINT SLIDES ON A USB DRIVE AT THE CONFERENCE, IF YOU WOULD LIKE PRINTED MATERIAL, THE COST WILL BE AN ADDITIONAL \$35.00. | | Subtotal _____ |
| <input type="checkbox"/> AFTER APRIL 27,2018 ADD LATE REGISTRATION FEE: \$25.00 | | Subtotal _____ |
| | | Total _____ |

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Spouse/Guest If Attending _____ E-mail Address _____

**THE IDAHO ACADEMY OF
FAMILY PHYSICIANS
777 N. RAYMOND ST., STE 100, BOISE, ID 83704, (208) 323-1156**