



**Mississippi Academy of Family Physicians 2018 Annual Scientific Assembly
July 21-25 • Baytowne Conference Center • Sandestin, Florida**

REGISTRATION FORM

Badge Name:	Check One: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Fellow <input type="checkbox"/> NP
AAFP Member #:	Clinic Name:
Mobile Number:	Clinic Address:
E-mail:	Clinic City/State/ZIP:
Spouse/Guest Name:	Childrens' Name(s) and Age(s):
Spouse/Guest E-mail:	

REGISTRATION TYPE:	FEE:	T-Shirt Size	Charge
MAFP Active Member	<i>Fee Before July 1 - \$425; After July 1 - \$475</i>		\$
MAFP Life Member	<i>Fee Before July 1 - \$350; After July 1 - \$400</i>		\$
Non-MAFP Member	<i>Fee Before July 1 - \$550; After July 1 - \$600</i>		\$
Family Medicine Resident	<i>Fee Before July 1 - \$125; After July 1 - \$150</i>		\$
Spouse/Guest	<i>Fee Before July 1 - \$175; After July 1 - \$200</i>		\$

Day	Event	Time	Fee	# Participating	Charge
Saturday, July 21	KSA Session: Women's Health	1-5 pm	Member \$125, Non \$225	#	\$
Sunday, July 22	MAFP Family Fun Night	6 - 7:30 pm	Included in registration fee	#	n/a
Monday, July 23	Jolee Island Getaway	8 am - 12 noon	\$50/child	#	\$
	Shard-Art for Adults	9 am	\$70/person	#	\$
	MAFP Golf Tournament - The Raven	2 pm	\$130/player	#	\$
	<i>Foursome & Handicaps: _____</i>				
	Academy Amazing Race	5-7 pm	\$25 per team	#	\$
Tuesday, July 24	MAFP Spouse Bingo	9 am	Included in registration fee	#	n/a
	Charter Fishing Trip	2-6 pm	\$170/person	#	\$
	Marina Bay Day	3-5 pm	Included in registration fee	#	n/a
	Kids' Night Out	6-9 pm	\$45/child	#	\$
	MAFP Annual Dinner EXTRA Tickets	7:30 pm	\$65/person EXTRA tickets	#	\$
	MAFP Draw Down for Chance at \$10,000		\$100/ticket	#	\$
	<i>Please check all that apply:</i>		Insurance \$25/ticket	#	\$
	<input type="checkbox"/> <i>If I win, please donate \$_____ to the Foundation.</i> <input type="checkbox"/> <i>If my name is one of the last 4 names & the other 3 names agree, I wish to split the \$10,000 four ways, winning \$2,500.</i> <input type="checkbox"/> <i>If my name is one of the last 3 names & the other 2 names agree, I wish to split the \$10,000 three ways, winning \$3,333.</i> <input type="checkbox"/> <i>If my name is one of the last 2 names & the other 1 name agrees, I wish to split the \$10,000 two ways, winning \$5,000.</i> <input type="checkbox"/> <i>I do not wish to split at any level.</i>				
Beach Portraits	\$60 sitting fee. Photographer will contact you to arrange appointment.			#	\$
Syllabus	<input type="checkbox"/> Online <input type="checkbox"/> Hard Copy		\$75 per hard copy	#	\$
Kids T-shirts (write quantity):	<input type="checkbox"/> XS (2-4) <input type="checkbox"/> S (6-8) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (14-16) <input type="checkbox"/> XL (18-20)		\$12/shirt	#	\$
TOTAL AMOUNT DUE:					\$



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CREDIT CARD INFORMATION:

Name as Printed on Card:	
Billing Address:	
Billing City/State/ZIP:	
Type of Card: <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Card Number:	Expiration Date:
Authorization Number: (3 digits on back, or 4 digit on front of AmEx):	Amount of Payment: \$
Signature:	
<i>*For your protection and due to the insecure nature of emails, which can be intercepted by malware software, we do not accept credit card numbers by email. Please forward your information by fax or US mail or contact us directly at 601-853-3302 to provide your information over the phone.</i>	

First Time Attendee (please check if first time to attend an MAFP Annual Meeting)

Do you or any of your guests have any physical, dietary restrictions, or food allergies? If so, please list below:

WHAT'S INCLUDED IN THE REGISTRATION FEE?		
Event	Included in Registration Fee?	Included in Spouse Fee?
CME Sessions	√	
Admission to Physician Marketplace	√	√
CME Luncheons	√	
Family Fun Night	√	√
Sunrise Devotionals	√	√
Yoga	√	√
President's Reception & Draw Down	√	√
MAFP Dinner	√	√
Breaks	√	
Breakfast Buffets	√	√
Bay Day	√	√
Spouse Bingo		√
Convention T-shirt	√	√
Convention Gift	√	

CHILDREN 18 YEARS OR OLDER: Children 18 years or older who plan to attend any functions listed on this form must pay Guest registration fee.

CANCELLATION POLICY:
In the event your registration must be cancelled, your fee (less \$75.00) will be refunded if we are notified by July 1. No refunds will be made after July 1. **NO REGISTRATIONS OR ACTIVITIES MAY BE CANCELLED AFTER ARRIVING AT CONVENTION.**

Attendee list will include those who have registered by July 14, 2018.

ACCOMMODATIONS:
While in Destin, I will be staying (please check):

Bayside
 Beachside Condo/Studio
 Beachwalk
 Grand Sandestin Hotel/Condo
 Lakeside
 Luau Condo
 Southside
 Village Studio
 Westwinds Condo
 Off Property

<p>MAFP Use Only:</p> <p>Date Received: _____</p> <p>Amt. Paid: _____</p> <p>Check #: _____</p> <p>Balance Due: _____</p>
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**QUESTIONS? Contact MAFP Office at 601-853-3302 or
claire@msafp.org**

**Mail or fax completed form with payment to:
MAFP • 755 Avignon Drive • Ridgeland, MS 39157
Fax: 601-853-3002**