





**Mississippi Academy of Family Physicians 2021 Annual Scientific Assembly  
July 17-21 • Baytowne Conference Center • Sandestin, Florida**

**EXHIBITOR EXTRA EVENTS & ITEMS FORM**

<b>Name:</b>	<b>Company:</b>
<b>Cell:</b>	<b>Address:</b>
<b>E-mail:</b>	<b>City/State/ZIP:</b>

<u>Day</u>	<u>Event</u>	<u>Time</u>	<u>Fee</u>	<u># Participating</u>	<u>Charge</u>
<b>Monday, July 19</b>	Golf Tournament at The Raven	2 pm	\$130/player	#	\$
	<i>Foursome &amp; Handicaps:</i> _____				
<b>Wednesday, July 21</b>	MAFP Split the Pot Drawing – one lucky winner goes home with ½ the pot, and proceeds go to MAFP Foundation	Drawing in Exhibit Hall	\$100/ticket	#	\$

*EXTRA ITEMS: The items below will be waiting for you at the Registration Desk.*

<b>Watercolor Print:</b>		11 x 14 watercolor print, signed and numbered by artist Katie Erickson. (Special price for Annual Meeting attendees only.)	\$50.00	#	\$
<b>Images Book:</b>		Images in MS Medicine coffee table book by Mississippi family physician Dr. Luke Lampton	\$50.00	#	\$

<b>TOTAL AMOUNT DUE:</b>	\$
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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:	

<b>MAFP Use Only:</b>
Date Received: _____
Amt. Paid: _____
Check #: _____
Balance Due: _____

**QUESTIONS? Contact MAFP Office at 601-853-3302 or [kristen@msafp.org](mailto:kristen@msafp.org)**

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