

Registration Form

VAFP 2018 Annual Meeting & Exposition
July 26-29, 2018
Williamsburg Lodge - Williamsburg, Virginia

Register Online
www.vafp.org

Name: _____

MD DO NP PA RN OTHER: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Registration confirmations will be sent via email.

Registration Fees

	BY JULY 2	AFTER JULY 2
AAFP Member	\$285	\$350
Member Weekend (Sat/Sun)	\$200	\$250
Non-Member	\$500	\$565
Non-Member Weekend (Sat/Sun)	\$380	\$430
NP, PA, RN	\$285	\$350
Member Single Day	\$100	\$125
Non-Member Single Day	\$190	\$215
PA, NP, RN Single Day	\$100	\$125
Thursday Only	\$55	\$75
Life	\$80	\$100
Resident	\$45	\$60
Graduating FM Resident	\$ 0	\$ 0
Student	\$40	\$55
Registration Fee		\$ _____

Thursday, July 26

VAFPF Golf Tournament

Number participating _____ x \$50 each \$ _____

Name(s): _____

Handicap(s): _____

Early Bird CME

1:00 pm - 5:00 pm Care of the Vulnerable Elders KSA/CSA
\$175.00 AAFP Member/\$300.00 Non-Member \$ _____

Laptop Required. (Available to full conference attendees only)

1:00 pm - 4:00 pm Musculoskeletal Physical Exam Skills

3:00 pm - 5:00 pm Management of Acute Pain

Friday, July 27

Breakfast with the Exhibits

I will attend YES NO (Registrant Only - Complimentary)

Lunch with the Exhibits

I will attend YES NO (Registrant is Complimentary)
Number of guests _____ x \$25 each = \$ _____

Afternoon Sessions

1:30 pm - 5:30 pm Mental Health in the Community
\$175.00 AAFP Member/\$300.00 Non-Member \$ _____

Laptop Required. (Available to full conference attendees only)

1:30 pm - 5:00 pm Point-of-Care Ultrasound

1:30 pm - 4:30 pm EKG Show & Tell Workshop

1:30 pm - 4:30 pm Management of Concussions

Installation of VAFP Officers & Award Presentation Dinner

Jacket Required - Advanced Registration & Payment is Required

Number Attending _____ x \$35 each = \$ _____

Mail or fax this form to: VAFP, 1503 Santa Rosa Road, Suite 207,
Richmond, VA 23229
Phone: 804-968-5200 Fax: 804-968-4418

Saturday, July 28

Yoga

YES (Complimentary) Quantity _____

Breakfast with the Exhibits

I will attend YES NO (Registrant Only - Complimentary)

Lunch with the Exhibits

I will attend YES NO (Registrant is Complimentary)
Number of guests _____ x \$25 each = \$ _____

VAFP 70th Birthday Party

Advanced Registration & Payment Required

Number of Adults _____ x \$25 each \$ _____

Number of Children (6-12) _____ x \$10 each \$ _____

Afternoon Sessions

1:00 pm - 3:00 pm Being Well While Doing Good Workshop

1:30 pm - 3:00 pm Radiology Show & Tell

1:30 pm - 4:30 pm Joint Workshop

1:30 pm - 3:00 pm Hypertension Management Workshop

Afternoon Sessions

3:15 pm - 4:45 pm (REPEAT SESSION) Hypertension Management Workshop

3:15 pm - 4:45 pm Advocacy/Legislative 101 Workshop

Sunday, July 29

CME Breakfast

I will attend YES NO (Registrant is Complimentary)
Number of guests _____ x \$25 each = \$ _____

Syllabus - Paper Copy

Paper Syllabus \$35 \$ _____
The paper syllabus will only contain the materials from the main stage speakers.

Tie Dye Shirt - (one per registrant - circle size)

Small Medium Large Extra Large

REGISTRATION FEES TOTAL \$ _____

Payment Information

FamDocPAC Donation: \$ _____

(I understand that only my name/business will be listed in the Winter edition of the *Virginia Family Physician* magazine as a donor. If you do not wish to be recognized please check . Virginia law requires donor information to be reported to the State Board of Elections if your contribution is more than \$100. Contributions are not deductible as charitable contributions for federal income tax purposes.)

VAFP Foundation Donation: \$ _____

(Contributions are tax deductible as charitable contributions for Federal Income Tax purposes)

Please charge my: **Total Authorized Payment: \$ _____**

MasterCard VISA American Express Discover

Card #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Check enclosed: Make payable to VAFP