

# Registration Form

VAFP 2019 Annual Meeting & Exposition  
July 18-21, 2019  
Sheraton Oceanfront Hotel - Virginia Beach, Virginia

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 3 | AFTER JULY 3 |
|------------------------------|-----------|--------------|
| 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        |
| Life                         | \$80      | \$100        |
| Resident                     | \$45      | \$60         |
| Graduating FM Resident       | \$ 0      | \$ 0         |
| Student                      | \$40      | \$55         |
| Registration Fee             |           | \$ _____     |

## Thursday, July 18

### Early Bird CME

- 12:30 pm - 2:00 pm NEXPLANON® (NON-CME)  
 1:00 pm - 5:00 pm Diabetes KSA/CSA  
\$175.00 AAFP Member/\$300.00 Non-Member \$ \_\_\_\_\_

*Laptop Required.*

- 2:15 pm - 4:15 pm Addressing Women's Sexual Well-Being in Family Medicine

## Friday, July 19

### 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

- 1:15 pm - 5:00 pm Hypertension KSA/CSA  
\$175.00 AAFP Member/\$300.00 Non-Member \$ \_\_\_\_\_

*Laptop Required.*

- 1:30 pm - 3:30 pm EKG Case Studies  
 1:30 pm - 4:30 pm Joint Injections

### Late Afternoon Session

- 3:45 pm - 4:45 pm Introduction to the Population Health Assessment Engine (PHATE)

### Installation of VAFP Officers & Award Presentation Dinner

*Jacket Required - Advanced Registration & Payment is Required*  
Number Attending \_\_\_\_\_ x \$35 each = \$ \_\_\_\_\_

## Saturday, July 20

### 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 = \$ \_\_\_\_\_

### Afternoon Sessions

- 1:30 pm - 3:00 pm Medical Cannabis  
 1:30 pm - 3:00 pm TADA! Introduction to Dermoscopy  
 1:30 pm - 4:30 pm Introduction to Point of Care Ultrasound

### Late Afternoon Sessions

- 3:15 pm - 5:15 pm Opioid Crisis Facing Our Communities  
 3:15 pm - 4:45 pm TADA! Introduction to Dermoscopy  
(REPEAT SESSION)

### All Attendee Happy Hour

Complimentary - Number Attending \_\_\_\_\_

## Sunday, July 21

### 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.*

REGISTRATION FEES TOTAL \$ \_\_\_\_\_

### 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)

## Payment Information

**Total Authorized Payment: \$ \_\_\_\_\_**

Please charge my:

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