

1 REGISTRATION

 MD DO

 FAAFP

 Other _____

Name _____

 AAFP ID # _____
 (If unknown, KAFP will complete.)

Address _____

City/State/Zip _____

Phone _____ E-mail _____

 Special dietary needs? _____
 (If yes, please list.)

● THREE WAYS TO REGISTER

Online at: kafponline.org/annualmeeting
 Fax to: 316-721-9044 or Mail to: KAFP, 7570 W 21st St N.
 Bldg. 1026C #104, Wichita, KS 67205. Questions? 316-721-9005

● CANCELLATION POLICY Written requests for cancellation of a meeting registration no later than one week before the first day of the meeting will be refunded, less a \$50 administrative fee. Cancellations or no-shows after that time are non-refundable.



2 RSVP & ADD-ONS

Event	Indicate Ticket Quantity	Indicate Guest Name (if applicable)	Fee	Amount
Thursday Lunch		<i>For attendees only</i>	Included	Included
Thursday KAFP-F Wine Tasting & Auction <small>(Tax deductible)</small>		Guest Name(s):	\$75 / Ticket	\$
Roundtrip shuttle service to Wine Tasting		Guest Name(s):	\$10 / Ticket	\$
Friday Fun Run/Walk		Guest Name(s):	Included	Included
If yes, indicate t-shirt size(s): Youth S - L & Adult S - XXL			Included	Included
Friday Breakfast		<i>For attendees only</i>	Included	Included
Friday Member Meeting Lunch		<i>For attendees only</i>	Included	Included
Friday President's Dinner		Guest Name:	Included	Included
Saturday Breakfast		<i>For attendees only</i>	Included	Included
			Add-Ons Subtotal	\$

3 PAYMENT

Registration Subtotal + Add-Ons Subtotal = GRAND TOTAL \$

 Check made payable to *Kansas Academy of Family Physicians* OR Please charge my: Visa MasterCard Discover

Credit Card# _____ Exp. Date _____ 3-Digit Security Code _____

Billing Address/City/State/Zip _____

Name on Card _____ Signature _____

Registration includes CME, Internet access, online handouts, exhibits, refreshments, meals (including two complimentary tickets to President's Dinner) and prize drawing entry. *By attending this conference, you consent to the use of any photographs, audio, and video recordings of you by KAFP and its designees in KAFP communications and promotions, and for any other lawful purpose.*

Pre-Conference: MAT Waiver Training Wednesday, June 5, 2019 1:00-5:30 pm	Free/KAFP Member <input type="checkbox"/>	\$		
	\$50/Non-Member <input type="checkbox"/>	\$		
Annual Meeting Attendee	One-Day Only <small>Please check box</small>	Full Conference	Amount	
Active Member	\$180	<input type="checkbox"/> Thur.	\$320	\$
Life Member	\$90		\$145	\$
Resident Member	Free	<input type="checkbox"/> Fri.	Free	\$
Student Member	Free		Free	\$
Non-Member Physician	\$210	<input type="checkbox"/> Sat.	\$385	\$
Allied Health Professional	\$170		\$285	\$
Late Fee after 6/1	\$35		\$35	\$
Printed handouts <small>(free digitally)</small>			\$50	\$
Sponsor a Medical Student to Attend the Conference <small>(Tax Deductible)</small>			\$100 Suggested	\$
Registration Subtotal			\$	\$