



**MISSOURI ACADEMY OF
FAMILY PHYSICIANS**

62nd Annual Scientific Assembly
June 11-13, 2010
Camden on the Lake, Lake Ozark, MO
 (formerly Resort & Yacht Club)

Registration Form

Register for conference online at www.mo-afp.org or fax to 573-635-0148

Name: _____	<input type="checkbox"/> M.D. <input type="checkbox"/> D.O.	Single Day*	Full	\$Fee
AAFP ID#: _____	<input type="checkbox"/> MAFP Member	\$200	\$375	_____
Additional Guests: _____	<input type="checkbox"/> AAFP Member	\$210	\$425	_____
_____	<input type="checkbox"/> Non-Member	\$225	\$450	_____
Telephone: _____ Fax: _____	<input type="checkbox"/> MAFP Life Member	\$100	\$175	_____
Email: _____	<input type="checkbox"/> MAFP Rsdnt/Stdnt	\$ 0	\$ 0	_____
Address: _____	<input type="checkbox"/> Early Bird Discount (by 4/20/10)		-\$50	_____
City/State/Zip: _____			subtotal	_____

Each registration includes educational sessions, meals, exhibits, and breaks for the registrant.

*Circle one: Fri Sat Sun

Additional Events

The following meal functions are automatically included in your registration fee. Please note any required guest tickets below.

EVENT	Will You Be Attending?	Bringing Guests?	\$ Fee
Friday (11:30am-12:30pm) Business Luncheon & Legislative Update	<input type="checkbox"/> Yes, I will attend <input type="checkbox"/> No, I will not attend	_____ @ \$25	_____
Friday (5:30pm – 7:00pm) Boat Cruise (limited capacity)	<input type="checkbox"/> Yes, I will attend <input type="checkbox"/> No, I will not attend	_____ @ \$ 0	_____
Saturday (12:30pm – 2:00pm) Luncheon & Installation Ceremony	<input type="checkbox"/> Yes, I will attend <input type="checkbox"/> No, I will not attend	_____ @ \$25	_____
Saturday (4:00pm-5:00pm) Student & Resident Mixer	<input type="checkbox"/> Yes, I will attend <input type="checkbox"/> No, I will not attend	_____ @ \$ 0	_____
Saturday (5:30pm-7:30pm) Annual Family Fun Picnic	<input type="checkbox"/> Yes, I will attend <input type="checkbox"/> No, I will not attend	_____ Adult @\$30 _____ Child (age 5-12) @ \$15 _____ Child (age 0-4) @ \$0	_____
<input type="checkbox"/> Sponsor a student to attend ASA (Optional donation to FHFPM - \$150 recommended)			_____

Total Due \$ _____

► **Make Your Hotel Reservations Early.** Camden on the Lake Reservations at 1-888-365-5620

The MAFP block of rooms and group rate of \$139 & \$189 (plus tax) is valid through **May 10, 2010.** **GROUP CODE: MAFP0610**

Special dietary or physical accommodations required: _____

Register Online at www.mo-afp.org or Mail or Fax this registration form with payment to:

Missouri Academy of Family Physicians 722 West High Street Jefferson City, MO 65101-1526 or fax to MAFP (573)635-0148

Payment enclosed: Check MasterCard VISA

Name on Card: _____ Card #: _____

Signature: _____ Expiration Date _____ Billing Zip _____

Cancellations must be received by MAFP no later than **May 30, 2010.**