

REGISTRATION FORM 2024

Online Registration: arkansasafp.org

Name: _____ Address: _____
Professional Designation: MD, DO, PA, APRN, Other: _____ City: _____ ST: _____ Zip: _____
Preferred name for badge: _____ Email: _____
Guest: _____ Phone: _____
Dietary Restrictions or Preferences: _____ Will you be making Hotel Reservations under the AFP room block: YES NO

SCIENTIFIC ASSEMBLY FEES

Member Full Assembly - Wed- Sat:	\$625.00	Assembly: \$ _____
Day Pass - Wednesday Only:	\$250.00	Day Pass/ day-W__TH__Fri__: \$ _____
Day Pass - Thursday Only:	\$250.00	Guest Fee (Installation Lunch): \$ _____
Day Pass - Friday Only:	\$250.00	Play It Forward Concert Tickets: \$ _____
Saturday included in any registration		Concert Ticket Sponsorship: \$ _____
New Physician: <7yrs Full \$312	Day Pass/day \$125	ArAFP Foundation Optional Donation \$ _____
Inactive/Life Members: Full \$250	Day Pass/day \$150	*Registration AFTER July 21st Add \$100: \$ _____
Non-Members: Full \$725.00	Day Pass/Day \$300	Total Enclosed: \$ _____

Student Members: No Charge
Resident Members: No Charge

Installation Lunch Guest: \$45
Play It Forward Concert: \$27
Sponsor a Student/Resident Concert Ticket: \$27

Students and Residents must pre-register to obtain free registration.

All meals are included with your registration. Credit cards subject to processing fee.

Cancellations prior to August 1, 2023 made by written request will be refunded less \$100.

Checks accepted payable to AR AFP. Mail to AR AFP, 2101 Congo Road, Suite 500, Benton, AR 72015.

This form may be emailed to michelle@arkansasafp.org. Questions?: Call us at 501-316-4011

CREDIT CARD AUTHORIZATION

Card Type: MasterCard Visa Discover Amex Other

Cardholder Name (as shown on card): _____

Card #: _____

Expiration Date (mm/yy) _____ Security Code: _____ Billing Zip Code: _____

I hereby authorize Arkansas AFP to charge my credit card above for the total shown above:

Signature: _____ Date: _____