

REGISTRATION FORM 2021

Online Registration: www.arkansasafp.org

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

EMAIL: _____

TELEPHONE: _____ SPOUSE\GUEST _____

**SCIENTIFIC ASSEMBLY FEES In-Person and Virtual:
Pre-Assembly-Wednesday, August 4 \$150.00**

Academy Members - **\$425.00**

Resident Members - **No Charge**

Non-Members - **\$500.00**

Student Members - **No Charge**

Inactive\Life - **\$150.00**

Installation Only **\$40.00**

To Obtain Free Registration, Students and Residents must Pre-Register!

ASSEMBLY CME:

Pre-Assembly- IN PERSON \$ _____

Pre-Assembly - VIRTUAL ATTENDEE \$ _____

Scientific Assembly Thurs- Sat- IN PERSON \$ _____

Scientific Assembly-Thurs-Sat - VIRTUAL ATTENDEE \$ _____

Spouse\Guest Fee (Installation Only) \$ _____

ArAFP Foundation Fund – Optional Contribution \$ _____

Wine Pull Ticket \$25.00 \$ _____

***TOTAL ENCLOSED-Check or Credit Card \$ _____**

Will you be making Hotel Reservations under the AFP room block: Yes__No____

***REGISTRATION AFTER July 20th & ONSITE- ADD \$100.00**

Credit Card Authorization Form

Card Type: MasterCard Visa Discover Amex Other _____

Cardholder Name (as shown on card): _____

Card #: _____

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

I, _____ authorize Arkansas AFP to charge my credit card above for agreed upon charges.

Signature

Date

**MAIL, EMAIL or PHONE Registration to:
AAFP, 2101 Congo Road D2, Suite 500, Benton, AR 72015
Phone (501) 316-4011, michelle@arkansasafp.org**