

REGISTRATION FORM 2022

Online Registration: www.arkansasafp.org

Name: _____

Professional Designation (circle one) MD, DO, PA, APRN, Other: _____

Preferred name for badge: _____

Address: _____

City: _____ ST _____ Zip _____

Email: _____

Phone: _____

Guest: _____

Will you be making Hotel Reservations under the AFP room block: Yes No



*A Family Reunion
For Family Physicians*

SCIENTIFIC ASSEMBLY FEES

Pre-Assembly: Wednesday	\$150	Pre-Assembly (Wednesday)	_____
Scientific Assembly: Thursday - Saturday		Scientific Assembly (Thurs-Sat)	_____
Academy Members:	\$425	Guest Fee (Installation Only)	_____
Non-Members:	\$500	ArAFP Foundation Optional Donation	_____
Inactive/Life Members:	\$150	*Registration AFTER July 20th Add \$100	_____
Student Members:	No Charge		
Resident Members:	No Charge		
Installation Dinner Guests:	\$40		
		TOTAL ENCLOSED	\$ _____

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

All meals and events are included with your registration.

Cancellations prior to July 25, 2022 made by written request will be refunded less \$50.

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 above.

Signature

Date