



# NAFP 62nd Annual Meeting and Scientific Assembly

April 8 - 10, 2010  
Embassy Suites Hotel (402) 346-9000  
555 South Tenth Street  
Old Market, Omaha, NE 68102

Name \_\_\_\_\_ Professional Designation (circle one): M.D. D.O. PA-C R.N. Other: \_\_\_\_\_

Preferred Name for Nametag: \_\_\_\_\_

Send Confirmation to Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Office Phone \_\_\_\_\_

This is my preferred AAFP/NAFP address:  Yes  No Please update my e-mail address: \_\_\_\_\_

**Full**      **2 Days** (check 2 boxes)      **1 Day** (check 1 box)  
(All 3 Days)      Thurs Friday Sat      Thurs Friday Sat

<input type="checkbox"/> Physician	\$375	\$325	\$200
<input type="checkbox"/> Life/Inactive	\$150 Banquet Additional	\$125 Banquet Additional	\$75 Banquet Additional
<input type="checkbox"/> Resident/Student	N/C Meals Additional	N/C Meals Additional	N/C Meals Additional
<input type="checkbox"/> Non Members	\$425	\$375	\$250

**Please indicate syllabus preference:**

Printed Syllabus (additional \$10.00)       Flash Drive

### Meal Registration for Registrants & Guests

**You and your guest MUST reserve meals BELOW!**

Paid registration includes all breaks & one complimentary ticket to each of the following [depending on day(s) registered]:  
Thursday Buffet Lunch, Friday Lunch, Friday Banquet, and Saturday Lunch.

	Attendee No Charge	Guest(s)	Residents/Students	Life Members
Thursday Lunch	_____	Thursday Lunch (\$15.00) _____	Thursday Lunch (\$10.00) _____	Thursday Lunch (N/C) _____
Friday Lunch	_____	Friday Lunch (\$15.00) _____	Friday Lunch (\$10.00) _____	Friday Lunch (N/C) _____
Friday Banquet	_____	Friday Banquet (\$35.00) _____	Friday Banquet (\$25.00) _____	Friday Banquet (\$35.00) _____
Saturday Lunch	_____	Saturday Lunch (\$15.00) _____	Saturday Lunch (\$10.00) _____	Saturday Lunch (N/C) _____

Vegetarian or Special Diet Request: \_\_\_\_\_

**Complimentary breakfast and social hour are provided to guests staying at the Embassy Suites Hotel.**

**If you are not staying at the hotel please indicate if you would like to purchase a ticket for breakfast or the social hour (\$10.00 each ticket).**

\_\_\_\_\_ Thursday Breakfast    \_\_\_\_\_ Thursday Social Hour    \_\_\_\_\_ Friday Breakfast    \_\_\_\_\_ Friday Social Hour    \_\_\_\_\_ Saturday Breakfast

Registration Fee \_\_\_\_\_  
 Printed Syllabus (Additional \$10) \_\_\_\_\_  
 Late Fee (after 04/01/10) - \$25 \_\_\_\_\_  
 Guest Meal Totals \_\_\_\_\_  
 Resident/Student Meals \_\_\_\_\_  
 Life Member Banquet \_\_\_\_\_  
 Hotel Breakfast/Reception Tickets \_\_\_\_\_  
 Foundation Laptop Raffle Ticket \_\_\_\_\_

**If you have questions, please call the NAFP office:**  
**(402) 505-9198**  
**(800) 735-1237**

(applicable only if **not** staying at hotel)

If interested in entering the Foundation raffle, tickets are \$25.00 each

**You need not be present to win!**

**Total Registration Fees** \_\_\_\_\_ (Checks Accepted Payable to NAFP/Unable to Accept Credit Card Payment)

Mail this form with payment to the NAFP:

11920 Burt Street, Suite 170

Omaha, NE 68154-1598

(402) 505-9198 • (800) 735-1237

Or FAX the form separate from your payment: (402) 505-9281

Questions: Contact Myrna at [mallen@nebrafp.org](mailto:mallen@nebrafp.org)

(For NAFP use only)

Date of Check: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Check Name (if different than attendee): \_\_\_\_\_

Date Confirmation Letter Sent: \_\_\_\_\_