

PA Academy of Family Physicians Foundation  
 CES Hershey Getaway Registration Form  
 November 19 - 21, 2004

Personal Information

(Please type or print legibly. Your name badge(s) will reflect this information.)

See registration instructions on other side

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Credentials \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 e-mail \_\_\_\_\_ phone \_\_\_\_\_ fax \_\_\_\_\_  
 Emergency Contact: Name \_\_\_\_\_ phone \_\_\_\_\_

Spouse/Guest/Children Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Name(s) & Ages of Child(ren) \_\_\_\_\_  
 (please include last names) \_\_\_\_\_

- Please check here if you or your spouse/guest/child have a disability and may require accommodation to fully participate. We will contact you.
- Please check here if you or your spouse/guest/child have special dietary needs.  
Vegetarian Diabetic This applies to: myself spouse/guest child(ren)

Fees Please Circle Appropriate Fees:

**Clinical Education Series**

	Early Bird <small>(postmarked by Oct 12)</small>	Regular <small>(postmarked after Oct 12)</small>
PAFP Member ..... (includes Active, Resident, Student and Life Members)	FREE	FREE
AAFP Member from another state .....	\$85	\$110
Non-member .....	\$375	\$450
Additional registrants from the same member/non member office .....	\$275	\$350
One Day Only .....	\$150	\$150

**Office-Based Treatment of Opioid Dependency**

PAFP Member .....	\$89	\$89
Non-Member .....	\$109	\$109
Residents .....	FREE	FREE
Non-Physicians .....	\$75	\$75

Fees SUBTOTAL .....

Meals & Special Events

Friday Welcome Reception ..... FREE ..... Number Attending \_\_\_\_\_  
 \_\_\_\_\_ Adults  
 \_\_\_\_\_ Children

Saturday Lunch

Registrant ..... FREE .....

Cooking Demonstration ..... \$20 .....

Dinner CME (physicians and healthcare providers only please)

Registrant ..... FREE .....

Sunday Family Breakfast

Registrant ..... FREE .....

Adults Guests .....	\$20	_____
Children 11 - 6 .....	\$15	_____
Children 5 and under .....	\$10	_____
Children 2 and under .....	Free	_____

Family Brunch

Adults .....	\$35	_____
Children 12 - 6 .....	\$25	_____
Children 5 and under .....	\$10	_____
2 and under .....	Free	_____

Meals/Events SUBTOTAL .....

Workshops

**Registration is required.** Workshops fill on a first-come, first-serve basis. If the workshop you would like to attend is filled, you will be notified. Please check at the conference registration desk for late openings.

- Suturing (limit 25 people) .....
- Soft Tissue Injections (limit 25 people) .....
- Skin Lesions (limit 25 people) .....

Grand Total (fees, meals, events) .....



Payment (Payment must accompany registration.)

- PAFP members: You must guarantee your reservation with a credit card number. If you attend as registered, your credit card will not be charged. No shows will be charged \$95.
- Registrations received without payment/credit card number will not be processed.
- We must receive your registration and payment by Monday, November 16, 2004 .
- Refunds will be made upon request to the PAFP Foundation office if received by Wednesday, October 29, 2004. A \$50 administrative fee will be deducted from the refund amount after Wednesday, October 29, 2004. Absolutely no refunds will be given after the close of business Friday, November 5.

Check (please make payable to **PAFP FOUNDATION**)

Visa       Mastercard       American Express

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Card Security Code (3-or 4-digit number on back of card) \_\_\_\_\_

Card Billing Address \_\_\_\_\_


Card Billing Zip Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

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3 Ways to Register

 PAFP FOUNDATION  
2704 Commerce Drive  
Suite A  
Harrisburg, PA 17110

 FAX 717-564-4235

 [www.pafp.com/CES](http://www.pafp.com/CES)

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Instructions

- Please complete both sides of this form.
- CME Registration for the conference (either full or daily) includes all sessions, conference manual, hand-outs, breaks and MOST meals.
- **There is a fee to attend the separate Opioid Conference**
- Payment information required with registration. See cancellation policy on next page.
- One form per physician/provider. Please photocopy the registration form for additional registrants.
- Spouses/guests must use same registration form as main registrant.
- **IMPORTANT:** On this form, please indicate your intention to attend our special events.

Information Needed for Opioid Dependency course

- Are You an ASAM member? \_\_\_\_\_ (Yes/No)
  - ASAM member # \_\_\_\_\_
  - State Society \_\_\_\_\_
- Do you currently treat patients for opioid dependence? \_\_\_\_\_ (Yes/No)
- Your specialty? \_\_\_\_\_
- Are you a:    Resident            Physician            Non-Physician (please circle one)



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*Thank you! We know that you'll find great value in our program, and we look forward to meeting you at THE HOTEL HERSHEY.*