

Attendees are responsible to make their own hotel reservations, and are encouraged to make them early to take advantage of the group discount. The block of rooms is released and the discount will be unavailable after March 19, 2012. See the Cheyenne Mountain Resort page for full hotel information. Please print this form and write legibly. Registration fee includes all meals for attendee.*

Members:

- Before 11/30/11 \$275
- Before 12/31/11 \$325
- Before 1/31/12 \$350
- Before 2/28/12 \$375
- Before 3/30/12 \$400
- After 4/1/12 \$425
- Single Day \$190

Add Thursday Workshops:

- PCMH (full day) \$200
- Elder Care SAM \$175
- Banquet \$25 (added guests)
- Child Banquet \$15 Age:
- 5K Run \$10

Total Registration: \$ _____

Non-Members:

- Before 11/30/11 \$350
- Before 12/31/11 \$400
- Before 1/31/12 \$425
- Before 2/28/12 \$450
- Before 3/30/12 \$475
- After 4/1/12 \$500
- Single Day \$250

Add Thursday Workshops:

- PCMH (full day) \$300
- Elder Care SAM \$275
- Banquet \$25 (added guests)
- Child Banquet \$15 Age:
- 5K Run \$10

Total Registration: \$ _____

Other Participants:

- Life Member \$225
- Inactive Member \$275
- Students/Residents \$25/day (members only)
- New Physician discount \$75 (< 5 years, members only)
- First Time Attendee \$100 discount (members only)

Workshops alone:

- (Meals not included)
- PCMH (full day) \$250
- Elder Care SAM \$200
- Banquet \$25 (added guests)
- Child Banquet \$15 Age:
- 5K Run \$10

Total Registration: \$ _____

ACLS and BLS Workshops:

Please refer to the registration brochure description for full information on registration and payment, separately to HEN.

Office and support staff:

50% discount off of regular workshop and/or conference rate if attending with a CAFP Family Physician member.

- I have made my room reservation at Cheyenne Mountain Resort confirming with the hotel whether I'm an attendee, speaker, student, or exhibitor.
- I prefer a vegetarian meal for Saturday's banquet. I prefer gluten-free meal for Saturday's banquet.

Please circle what pertains to your CAFP status: Student, Resident, Medical Student Teacher, First Time Attendee, New to Practice, Life Member, Family Physician of the Year, Teacher of the Year, Resident of the Year, Past FP of the Year, Past Teacher of the Year, Past Resident of Year, Past President, Board of Directors, Committee Chair, Chair of the Board, President, President Elect, VP, Treasurer, Secretary, Member at Large, Alternate Delegate, Delegate, Doctor of the Day Volunteer, CAFP SDC Donor, AAFP Foundation Donor.

VISA _____ Master Card _____ Card # _____ Security code _____

Attendee Name (s) _____

Name on card (if different) _____ Signature: _____

Expiration _____ Medical Designation (MD, DO) _____

Address, City, State, Zip of credit card _____

Phone: _____ E-mail address: _____

To pay by check: Send this form to CAFP at 2224 S. Fraser St., Unit 1, Aurora, CO 80014; check payable to CAFP. Credit card: Fax form to 605-448-2948, or scan and email to kristin@coloradoafp.org. Questions? Contact Conference Coordinator Kristin Bennett at kristin@coloradoafp.org or 720-248-3797.

Two lodging scholarships are available for students, and two for residents. Applications are considered in the order they are received; this offer applies to members only. If you would like to apply for a scholarship or sponsor a student, contact us at 720-248-3797.

* Full conference registration includes all meals and reception for Friday, meals and banquet on Saturday, and 1/2 day on Sunday. Spouse or child meal package and resort amenities available, arranged with resort. Child care expense is the responsibility of attendee.