

2010 SDAFP Winter Seminar

Registration Form

Name: _____ Spouse (if attending) _____

Address: _____ City/State/Zip _____

Phone Number: _____ Email _____

Are you an AAFP Member? Yes No Member of which chapter? _____

AAFP ID Number: _____

Early Registration (postmarked by January 15, 2010)

Includes Syllabus Book, Workshops, 3 Breakfasts, Coffee Breaks, Lite Supper Thursday, Exhibitors Social, Lunch at the Lodge, President's Reception/Entertainment

Physicians & Allied Health Professionals \$300 (\$375 after 1/15/10)

Out of State Medical Students/Residents \$90

SD Medical Students/Residents N/C

Saturday Afternoon SAM Session *Diabetes _____ Yes I want to attend

*separate fee: SAM Session Diabetes Registered attendee \$100 SAM Session only \$150

Workshops: Both limited to 30 Participants

Casting Workshop _____ Yes I want to attend _____ No I don't

Joint Injection Workshop _____ Yes I want to attend _____ No I don't

Lunch at the Lodge (Pre-registration Required) Tickets will be given at registration.

_____ Number of Adults _____ Number of Children

President's Reception

_____ Number of Adults _____ Number of Children (separate meal)

Please complete and mail or fax form to:

SDAFP C/O Carletta Hauck

3912 Golf Course Road

Watertown, SD 57201

Fax/Phone (605) 882-3583

For Hotel Reservations call (605) 584-4800