

Registration for Annual Spring CME Weekend

Please Enroll Me In The Following Events:

THURSDAY

Afternoon SAM Study Hall (\$25.00 per person) \$ _____
Please bring your own laptop

Small Groups: Please indicate first and second choices.
 Groups are assigned by first-come, first-served basis.

FRIDAY

11:40 First Choice: # _____ Second Choice: # _____

3:30 First Choice: # _____ Second Choice: # _____

SATURDAY

1:45 First Choice: # _____ Second Choice: # _____

2:45 First Choice: # _____ Second Choice: # _____

3:45 First Choice: # _____

Pre-registration is required for the following events:

Family Dinner - Thursday
 (\$10.00 per person / \$30 max per family) \$ _____

Round Table Breakfast Buffet - Friday (\$15.00 ea. *) \$ _____

Round Table Breakfast Buffet - Saturday (\$15.00 ea. *) \$ _____

Congress Lunch - Friday
 (no charge for Congress Participants) # _____

OHSU Dept. of Family Medicine Statewide Faculty
 Meeting - Friday (no charge for registrants) # _____

Friday night "Reach For The Stars" OAFP
 Foundation Auction - Friday (\$25 per person) \$ _____

Children's Party during the Auction
 (\$25 per family - does *not* include dinner) \$ _____

Celebration Luncheon - Saturday (\$35 per person) \$ _____

Children's Party during the Celebration Luncheon
 (\$25 per family - does *not* include lunch) \$ _____

Registration Fee

- ~ OAFP Members (\$225)
- ~ OAFP Members attending for the first time (\$150)
- ~ Out-of-state AAFP Members (\$350)
- ~ Allied Professionals (\$225)
- ~ Retired OAFP Members and Residents (\$100)
- ~ Student OAFP Members (free)

Child Care

We are putting together a childcare network for shared babysitting opportunities. If you will be bringing small children and would like to get together with other families bringing small children, please let us know.

I would like to be connected to a child care network.

My child(ren) are ages:

_____ boy girl

_____ boy girl

_____ boy girl

If you have a child who is an experienced babysitter and would like to be included in the list of potential babysitters during this meeting, please let us know.

Name _____ Age _____

Register early by using our secure website www.oafp.org, or fax this form to: (503) 528-0996. Register by mail to:

Oregon Academy of Family Physicians

4225 NE Tillamook St
 Portland, OR 97213

For more information call (503) 528-0961 or email to kg@oafp.org.
Please observe there is a \$25 cancellation fee.

Name _____ Companion's Name (if he/she will accompany you) _____

Office Address _____ City _____ State _____ Zip _____

Email _____

Payment by check:

Please make checks payable to the Oregon Academy of Family Physicians.

Payment by credit card:

You may charge the total to your Visa or Mastercard account and fax to (503) 528-0996 or mail the registration form to our office. You may also pay by credit card from our secure website www.oafp.org. Please complete the information below (we cannot charge your credit card without your signature).

_____ Visa or Mastercard Account # _____

_____ Expires _____ Signature _____

\$

Total For Registration, Meals & Events.

*The cost of this buffet is comparable to a simple plated breakfast in the café.