

REGISTRATION & ROOM RESERVATION FORM
TENNESSEE ACADEMY OF FAMILY PHYSICIANS'
Annual Practice Enhancement Seminar
Saturday, March 17, 2012, Embassy Suites Cool Springs, Franklin

ATTENDEE'S NAME: _____

NAME SPOUSE/GUEST TO ATTEND SEMINAR: _____

MAILING ADDRESS: _____

CITY/ZIP: _____ OFFICE PHONE: _____

EMAIL: _____ FAX: _____

PRACTICE ENHANCEMENT SEMINAR REGISTRATION:

All registration fee checks are to be made to: TENNESSEE ACADEMY OF FAMILY PHYSICIANS.

Note: The Tennessee AFP does NOT accept credit cards in payment of registration fees. Checks or cash only are accepted.

Please mark appropriately: (all registration fees include continental breakfast, lunch & break)

\$ _____ - \$130.00 registration fee for TNAFP Active, Supporting & Inactive members; and, Physician Non-Members; and, Non-Physician Attendees (excluding spouses/significant others).

\$ _____ - \$65.00 registration fee for TNAFP Life members (must hold Academy Life membership category).

\$ _____ - \$50.00 registration fee for Spouse/Significant Other of TNAFP members (covers food costs).

\$ _____ - \$20.00 registration fee for Resident members.

\$ _____ - \$10.00 registration fee for Student members.

\$ _____ - Enclosed is my check made to the Tennessee AFP to cover all fees marked above.
OR

\$ _____ - I have not enclosed my check and will pay all fees marked above at the Seminar.

(TNAFP Board policy states billing for fees is NOT allowed. You must pay in advance or at the TNAFP registration desk at the meeting. No-shows not paid in advance will be billed. Cancellations must be received by the Tennessee AFP office by FRIDAY, MARCH 9 for a refund or no charge.)

ROOM RESERVATION REQUEST (ROOM CUT-OFF IS FEBRUARY 8TH):

(Room Rate of \$145.00 plus 17.25% tax is \$170.01 per night. A one-night deposit is required when making your room reservation.) All room deposit checks (\$170.01) are to be made to: EMBASSY SUITES COOL SPRINGS.

(Check-in 3:00 p.m. Check-out 12:00 noon.)

DAY & DATE OF ARRIVAL: _____ AFTER 6:00 PM? _____

DAY & DATE OF DEPARTURE: _____

_____ SMOKING **OR** _____ NON-SMOKING ANY ROOM SPECIAL NEEDS: _____

_____ ENCLOSED IS MY ROOM DEPOSIT CHECK MADE TO EMBASSY SUITES;

OR

CREDIT CARD TYPE: MC Visa AmEx Dscvr CARD #: _____ EXP DATE: _____

IMPORTANT: Please do NOT make your room reservation directly with the Embassy Suites. All rooms are to be reserved through the Tennessee AFP office. If you make your room directly with the Embassy Suites the TNAFP will not be credited with your room reservation in the TNAFP room block. Not making the required number of room reservations in the TNAFP Block will cause the TNAFP to owe penalties to the Embassy Suites. Remember, room cut-off is February 8.

RETURN COMPLETED REGISTRATION/ROOM RESERVATION FORM TO:

(Remember the Room Deadline is February 8th)

TENNESSEE ACADEMY OF FAMILY PHYSICIANS

By Mail: 500 Wilson Pike Circle, Suite 212, Brentwood, TN 37027

By Fax: (615) 370-5199