



REGISTRATION



Please type or print. Return the completed form to:
AAFA, Alaska Chapter • P.O. Box 201927
Anchorage, AK 99520-1927

A confirmation letter will be mailed once your registration form is received and processed.



First Name

Last Name

Professional Title (check all that apply)

- MD DO PA ANP
 RN RT Other: _____

Organization

Mailing Address

City

State

Zipcode + 4

Email Address

Phone Number

Alternate Phone Number

PAYMENT AMOUNT

Registration Payment Amount (Reference Registration Cost Section): \$ _____

Dinner Symposium (Registrant) - \$50 (Not included in Conference Registration): \$ _____

Dinner Symposium Guest Seats - \$50 each (Limited Space available): \$ _____

Paper Handout/Slide Copies - \$30 (Registration includes thumb drive only): \$ _____

TOTAL PAYMENT ACCOMPANYING REGISTRATION FORM: \$ _____

PAYMENT METHOD

Credit Card* (check type): Visa MasterCard Exp Date: _____ / _____

Card #: _____ CCV Code: _____

Cardholder: _____

Signature: _____

* Credit card charges will appear on your statement as "AAFA-Alaska"

Purchase Order (A copy of the PO. must be attached to this form):

Check - Payable to AAFA-Alaska

