

PAFP'S 3rd Annual Dermatology and Outdoor Medicine Conference

August 8-10, 2019

PRINTABLE REGISTRATION FORM

[Click here to register online](#)

We are looking forward to seeing you at our upcoming event! Please review the registration instructions below:

- Please complete **BOTH** pages of this form.
- Payment information is required with registration. See cancellation policy on back of form.
- One form per conference attendee. If you will be paying for more than one registrant, please send in the forms together and indicate which attendees you are included in the payment.

Registration Information (Please type or print legibly. Name badges will reflect this information.)

First and Last Name: _____ Credentials _____

Organization: _____

Street Address: _____

City, State, Zip: _____

Preferred Phone Number: _____

Email: _____

Emergency Contact: Name _____ Phone _____

Do you or your spouse/guest/child have any special dietary needs (vegetarian, diabetic, other)?

Please list all family members or guests who will attend PAFP social events during the conference. If any under the age of 14, please indicate with a [Y] after their name.

- **Conference Registration Fees:** Conference Registration fees vary. Please read the pricing structure carefully on the following page.
- **Conference Handouts:**
Prior to the Conference - Session Handouts will be available on the PAFP website to view or download one week before the conference. Handouts are in an interactive pdf format so that you can type directly on the handout and save to your computer. **There will not be printer stations available at the conference.** There will be limited power strips in the meeting rooms for laptops and phones. Charging stations will be available too.
- **Location Information:** Lake Raystown Resort, Lodge & Conference Center, 3101 Chipmunk Crossing, Entriken PA 16638. You may call 814-658-3500 to make a reservation. Accommodations start at \$110 plus tax per night. Deadline is July 9, 2019.
- **Conference Mobile App:** Download the conference's mobile app to help you plan your schedule during the conference. This mobile app will allow you to reference the conference schedule, sessions, speakers, and special events. Simply download the app to your smartphone. You will receive download instructions one week prior to the conference.

Registration Fees	PAFP Members (Including Life)	Non-PAFP Members**	Resident/Fellow	Student
Full Conference (Thurs. – Sat.) Includes CME, and Meals.	___\$169.00	___\$199.00	___\$139.00	___FREE
One Day Only: ___Thurs. (CME Sessions) ___Fri. (CME Sessions) ___Sat. (CME Sessions)	___\$99.00	___\$119.00 Regular	___\$79.00	___FREE
Adult Family Guest Ticket Spouses/Guests and children (over the age of 14) in attendance with CME participants. Registration covers a ticket to the lunch, group dinner, and s'more social on Friday.	___\$30.00	___\$30.00	___\$30.00	___\$30.00
Child Family Guest Ticket Children (under the age of 14) in attendance with CME participants. Registration covers a ticket to the lunch, group dinner, and s'more social on Friday.	___\$25.00	___\$25.00	___\$25.00	___\$25.00
Grand Total All Fees _____**				

Online registration closes Sunday, July 28, 2019.

Registrations received after online registration closes are subject to a \$70 walk-in fee, no exceptions.

Miscellaneous:	
Session Moderators - Moderators introduce the speakers and help keep sessions on time. You will be contacted prior to the conference when you can choose the session (s) you wish to moderate.	___ Yes, I will moderate a session
Which CME track do you plan to participate in during the event?	___ Dermatology ___ Outdoor Medicine ___ A mixture of both.

PAYMENT AND CANCELLATION INFORMATION (Payment must accompany registration)

- **Registrations received without payment (credit card or check) will not be processed.**
- **Refunds, if applicable, will be made upon request to the PAFP Foundation office if received by July 26, 2019.**
- **A \$50 administrative fee will be charged for all cancellations after July 26, 2019.**
- **Absolutely no refunds will be given after the close of business Wednesday, July 31, 2019.**

- () I have read & understand the cancellation/credit card policies above.
- () This payment is for more than one registrant. Names of registrants _____
- () I am paying with a check made payable to PAFP Foundation.
- () I am paying with the following credit card: () VISA () MASTERCARD () AMERICAN EXPRESS

Name on Card if different than registrant: _____

Billing Address if different than registrant: _____

Card# _____ Exp. Date _____ Card Security Code _____

TO REGISTER:

MAIL: Lindsey Killian, PAFP Foundation, 2704 Commerce Drive, Suite A, Harrisburg, PA 17110

FAX: 717-564-4235 **ONLINE:** www.pafp.com

For conference information and questions, contact Lindsey Killian at lkillian@pafp.com.