

PAFP's Summer Adventures CME Conference

RESIDENT MINI-CONFERENCE REGISTRATION FORM June 19-20, 2022

There will be no walk-in registrations for this conference

- One form per registrant, please.
- Residents: Please complete registrant information, attest to the vaccination policy and terms & conditions.
- Payment information is required with registration.
- Program Coordinators may complete the payment information section.
- Return completed registration & payment information to Janine Owen: jowen@pafp.com

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

First and Last Name: _____ Credentials _____

Organization: _____

Preferred Phone Number: _____ Email: _____

Emergency Contact: Name _____ Phone _____

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

ADA Accommodations needed? If yes, please explain _____

REGISTRATION FEES	Resident/Fellow
Resident Mini-Conference 6/19-20 (Sunday 12 Noon Lunch through Monday 1:30 Lunch) (If you plan to attend more than the Resident Mini-Conference, please use online registration at www.pafp.com for the full CME conference)	\$129.00

SPECIAL EVENTS	DAY/TIME	RSVP Registrant, Guests/Additional Fees
Kick-Off Mountain Top Party with FREE professional headshot photography	Sunday 5:30 pm	\$0 x _____ people =
#DoctorLife Panel & Social	Sunday 7:30 pm	\$0 x _____ people
Guided Nature Hike RSVP Required	Monday 7:00 am	_____ people
Lila Stein Kroser, MD, Memorial Leadership Lunch (Additional fees for guests only)	Monday 1:30 pm	\$0 for main registrant \$30 pp (guest fee) x _____ people = \$12 pp under 12 yrs x _____ people =
		Fees Grand Total: _____

IMPORTANT INSTRUCTIONS, TERMS AND CONDITIONS

- **Prior to the Conference** – You will receive complete instructions and pertinent information prior to the event. Watch your email for all details.
- **Hotel Information:** Book early – rooms will fill quickly!
Camelback Mountain Resort, call for reservations: 855-51-1283 and mention "PAFP Summer Adventures Conference 2022" or booking #9868. The rate is \$209 plus taxes for up to 4 people in a room, plus a resort fee of \$8.50 plus tax per night, per room. When securing your reservation, a deposit equal to the first night's room and tax must be made to the resort. See [resort website](#) for additional details.
- **Please Note:** COVID-19 vaccine is required for all CME attendees. Please attest below to your understanding of the PAFP vaccination policy and acknowledge the risks of attending an in-person event in accordance with the PAFP's In-person Event and Vaccination Policy Waiver. ([Download a copy of the waiver for your review.](#))

To the best of our ability, PAFP has implemented and will follow all safety guidelines. I understand that there are risks associated with my participation in this event, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death or economic loss. These injuries or outcomes may arise from my own or others' actions, inactions or negligence, or the condition of the event's location(s) or facility(ies). I attest that I assume all risks of my participation in this event, whether known or unknown, including travel to and from the event (including air travel) or any events incidental to this activity.

() I have read & understand the terms and conditions above. (Registrant)

If you or your program are paying as a group, please ask your program coordinator to complete the next part. Programs may provide payment for the group of resident registrants together via check or credit card.

PAYMENT AND CANCELLATION INFORMATION

Refunds will be made upon request if received by Saturday, June 5, 2022. After June 5, a \$50 administrative fee will be charged per registration cancellation.

() I am paying with the following: () VISA () MASTERCARD () AMEX () CHECK Amount \$ _____

Name on Card if different than registrant: _____

Billing Address if different than registrant: _____

Card# _____ Exp. Date _____ Card Security Code _____

Contact Phone Number (if other than registrant) _____

MAIL: Janine Owen, PAFP Foundation, 2704 Commerce Drive, Suite A, Harrisburg, PA 17110

FAX: 717-564-4235

EMAIL THIS FORM: jowen@pafp.com