



## **REGISTRATION FORM**

AAFP ID#:	Member Type:		Speci	alty (if no	n-membe	er)			
Name:									
Mailing Address:									
City:			State:			Zip:			
Phone:	Fax:		Email	l:					
How did you hear about th	is meeting?								
[] Please check if you require s	pecial accommodations (dietary resti	riction) to p	articipate	in this act	ivity. You v	will be con	tacted regarding ye	our needs.	
These events are included side of this form.	<b>ou plan to attend.</b> If doubtfu d in full registrations, however	-			nal ticket	s may be	purchased on	the reverse	
Thursday, July 24, 2025 [] CME Virtual Sessions [] CME Sessions (In-person)	[] Breakfast with Exhibitor. [] Foundation Golf Tourna			h with Exh ome Rece <sub>l</sub>			[] Refreshment I	Breaks	
Friday, July 25, 2025 [] CME Virtual Sessions [] CME Sessions (In-person)	[] Breakfast with Exhibitor. [] General Assembly Meeti.				s Breakfasi Illation Cer		[] Refreshment I [] President's Po	nt Break s Party/Fundraiser	
Saturday, July 26, 2025 [] CME Virtual Sessions [] CME Sessions (In-person)	[] Breakfast with Exhibitors [] Lunch (boxed)	s		dency Dire Obership Sc	ctors Breal ocial	kfast	[] Refreshment I	Break	
<b>Sunday, July 27, 2025</b> [] CME Virtual Sessions	[] CME Sessions (In-person	)	[] Non-	-CME Brea	kfast Symp	oosium			
REGISTRATION FEES	; ;	THU	FRI	SAT	SUN	FULL		TOTAL	
LAFP/AAFP ACTIVE MEMBER	In-person Fee Virtual Fee (CME ONLY)	\$150 \$125	\$150 \$125	\$150 \$125	\$150 \$125	\$550 \$500		\$ \$	
LAFP/AAFP LIFE MEMBERS	In-person Fee Virtual Fee (CME ONLY)	\$ 100 \$ 75	\$ 100 \$ 75	\$ 100 \$ 75	\$ 100 \$ 75	\$400 \$300		\$ \$	
LAFP/AAFP RESIDENT MEMBE	RS In-person Fee Virtual Fee (CME ONLY)	\$ 75 \$ 65	\$ 75 \$ 65	\$ 75 \$65	\$ 75 \$ 65	\$250 \$200		\$ \$	
LAFP STUDENT MEMBERS	In-person Fee	FREE	FREE	FREE	FREE	FREE		\$	
NON-MEMBER	In-person Fee Virtual Fee (CME ONLY)	\$175 \$150	\$175 \$150	\$175 \$150	\$175 \$150	\$650 \$600 <b>Regist</b>	ration Total	\$ \$	





## **GUEST REGISTRATION & SOCIAL TICKETS**

## **GUEST REGISTRATION**

President's Party/Foundation Fundraiser.	# (of guests) x <b>\$ 80</b> each	:	= \$		
Badge Name:	Circle: Adult/Child	Child's Age (if applicable) Child's Age (if applicable) Child's Age (if applicable)			
Badge Name:	Circle: Adult/Child				
Badge Name:	Circle: Adult/Child				
Badge Name:	Circle: Adult/Child	Child's Age (if applice	able)		
SOCIAL EVENTS & EXTRA TICKETS Thursday, July 24, 2025					
	# (of players) x \$ 150 each		= \$		
Name (s):					
Friday, July 25, 2025					
	# (of guests) x <b>\$ 40</b> each				
Name (s):					
	" ( C )		,		
•	# (of guests) x <b>\$ 50</b> each	=	= \$		
Name (s):					
		Tickets Total:	\$		
SPECIAL CONTRIBUTIONS					
Sponsorship of students' attendance at Assembly# (of students) x \$ 75 each					
Donation(s) to LAFP Foundation for:		=	= \$		
[] General Fund [] Fleming Fund [] Gehringer Fund [] [] F.P. Bordelon Lectureship Fund [] Jean Aitken Fund	Tulane Fund [] Resident Awa	rd of Excellence			
	Contributi	ons Total	\$		
	TOTAL AM		\$		
DAVMENT METHOD					
PAYMENT METHOD [] Check enclosed payable to LAFP Check #	OR [] I prefer to use: Visa	n MasterCard	Discover		
Card Number:		::			
Card Holder's Name:		•			
Billing Address:	3 aigit code				
billing Address:					
Signature:	5.				

NOTE: Refunds, less a \$100 administrative fee will be made upon receipt of written request until April 24, 2025.