LOUISIANA ACADEMY of FAMILY PHYSICIANS



80th Annual Assembly & Exhibition FM 2027

July 22-25, 2027

The Roosevelt Hotel
New Orleans, LA

www.lafp.org

REGISTRATION FORM

AAFP ID#_____ Member Type_____ Specialty (if non-member) _____

First Name_____ Last Name_____ Designation _____

Mailing Address_____

City_____ State_____ Zip_____

Home Phone_____ Cell Phone _____ Email _____

*How did you hear about this meeting*_____

[ ] Please check if you require special accommodations (dietary restriction) to participate in this activity. You will be contacted regarding your needs.

Check-off all events you plan to attend.

Full registrations include tickets to all social events. Daily registrations require tickets to be purchased for the social events and can be found on the reverse side of this form. RSVP is required and appreciated.

Thursday, July 22, 2027

☐ CME Virtual Sessions ☐ CME Sessions (In-person)
- ☐ *Breakfast with Exhibitors*
- ☐ *Foundation Golf Tournament*
- ☐ *Refreshment Break*
- ☐ *Welcome Reception*
- ☐ *Lunch with Exhibitors*

Friday, July 23, 2027

☐ CME Virtual Sessions ☐ CME Sessions (In-person)
- ☐ *Breakfast with Exhibitors*
- ☐ *General Assembly Meeting*
- ☐ *Past President's Breakfast*
- ☐ *Awards & Installation Ceremony*
- ☐ *Refreshment Break*
- ☐ *President's Party / Fundraiser*

Saturday, July 24, 2027

☐ CME Virtual Sessions ☐ CME Sessions (In-person)
- ☐ *Breakfast with Exhibitors*
- ☐ *Lunch (boxed)*
- ☐ *Residency Directors Breakfast*
- ☐ *Refreshment Break*

Sunday, July 25, 2027

☐ CME Virtual Sessions ☐ CME Sessions (In-person)
- ☐ *Non-CME Breakfast Symposium*

REGISTRATION FEES

		THU	FRI	SAT	SUN	FULL	TOTAL
LAFP/AAFP ACTIVE MEMBER	**In-person Fee**	$200	$200	$200	$200	$600	$_____
	Virtual Fee (CME ONLY)	$175	$175	$175	$175	$550	$_____
LAFP/AAFP LIFE MEMBERS	**In-person Fee**	$175	$175	$175	$175	$500	$_____
	Virtual Fee (CME ONLY)	$ 150	$150	$150	$150	$450	$_____
LAFP/AAFP RESIDENT MEMBERS	**In-person Fee**	$ 125	$125	$125	$125	$300	$_____
	Virtual Fee (CME ONLY)	$ 100	$100	$100	$100	$250	$_____
LAFP STUDENT MEMBERS	**In-person Fee**	FREE	FREE	FREE	FREE	FREE	$_____
NON-MEMBER	**In-person Fee**	$225	$225	$225	$225	$700	$_____
	Virtual Fee (CME ONLY)	$200	$200	$200	$200	$650	$_____

Registration Total $_____

Please send completed registration form to address below or scan the QR code to register online.
LAFP | 919 Tara Boulevard | Baton Rouge, LA 70806 | Fax: 225-923-2909
Rooms are available at the Roosevelt Hotel. Deadline to book rooms is June 29, 2027.

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FM2027

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GUEST REGISTRATION & SOCIAL TICKET

GUEST REGISTRATION

Guest registration is $100 for an adult or child. Includes admission into the Welcome Reception, Awards & Installation Ceremony and Presidents Party / Foundation Fundraiser.

_____# (of guests) x $100 each = $ _____

Badge Name: _____ Circle: Adult/Child Child's Age (if applicable) _____
Badge Name: _____ Circle: Adult/Child Child's Age (if applicable) _____
Badge Name: _____ Circle: Adult/Child Child's Age (if applicable) _____
Badge Name: _____ Circle: Adult/Child Child's Age (if applicable) _____

SOCIAL EVENTS & EXTRA TICKETS

Thursday, July 22, 2027

☐ Foundation Golf Tournament _____# (of players) x $150 each = $ _____
Name (s): _____

Friday, July 23, 2027

☐ Awards and Installation Ceremony _____# (of guests) x $45 each = $ _____
Name (s): _____

☐ Presidents Party/Foundation Fundraiser _____# (of guests) x $65 each = $ _____
Name (s): _____

A-la-Carte Tickets Total $ _____

SPECIAL CONTRIBUTIONS

Sponsorship of students' attendance at Assembly _____# (of students) x $100 each = $ _____
Donation(s) to LAFP Foundation for: = $ _____
[ ] General Fund
[ ] Edward Martin, MD Student Award
[ ] Gerald Gehringer, MD Student Award
[ ] Michael Fleming, MD Student Award
[ ] Michael Madden, MD Resident Award of Excellence
[ ] Tulane Student Award

A-la-Carte Tickets Total $ _____
TOTAL AMOUNT DUE $ _____

PAYMENT METHOD

☐ Check ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

NOTE: A non-refundable 3.5% credit card process fee will be applied to all credit card payments.

Name on card _____ Card Number _____

Expiration Date _____ CVC _____ Billing Zip Code _____

Signature _____ Print Name _____ Date _____

NOTE: Refunds, less a $100 administrative fee will be made upon receipt of written request until April 22, 2027.