

AAFCP Annual Meeting Registration Form

June 11-14, 2008

Name: Mr., Mrs., Ms., Fr., Sr., Dr. _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ E-mail: _____

Tel. Daytime(____) _____ Evening(____) _____

1) Registration Fee – Annual Meeting

(Includes all talks, breaks, and receptions. Does not include meals listed as "on your own", closing banquet, or pre-conference.)

	By March 1	After March 1	No.	@ \$	= subtotal \$
Member	\$199	\$249	_____	_____	_____
Non-member	\$249	\$299	_____	_____	_____

2) Closing Banquet: Friday, June 13th No. _____ @ \$50 = subtotal \$ _____

Transportation extra

3) Rates: Session-by-session Registration

Morning sessions: \$65 No. _____ @ \$65 = subtotal \$ _____

Afternoon sessions: \$65 No. _____ @ \$65 = subtotal \$ _____

4) Donation to make it possible for someone less fortunate to attend \$ _____

If registering for more than one person, please attach a list of names for the additional attendees.

I request help in finding a roommate.

I cannot attend the conference, but I would like to receive information about the AAFCP.

Please send me # _____ brochures.

Please complete and return this form with your payment in U.S. dollars to:

American Academy of FertilityCare Professionals (AAFCP)

3305 Boca Lane | Cincinnati, OH 45239 | USA

or register online with your credit card (Visa or MasterCard) through www.aafcp.org.

Total \$ _____

Surgical NaProTechnology Pre-conference Registration

June 9-10, 2008

Registration fee is \$100 per person. Register directly online at:

www.popepaulvi.com.