REGISTRATION FORM: WVAI PLEASE COMPLETE THIS FORM, <u>KE</u> WVAFP , P.O. Box 1090, Hurricane,	EP COPY FOR YOU	<u>R FILES &</u> SEN	ID WITH F	PAYMENT	го:		
Name		Professio	n (MD, PA	, RN , etc.)		
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REGISTRATION FEES		EARLY	RATE	AFTER M	ARCH 10TH		
Includes Breakfast, Breaks and Lur	nch)						
WVAFP Member - Physician(MD/D	0)	3-days	\$525	\$550			
/VAFP Member - Physician(MD/DO)		2-days	\$425	\$450			
VVAFP Member - Physician(MD/D	0)	1-day	\$275	\$300			
lon-Member – Physicians(MD/DO)	3-days	\$550	\$600			
Non-Member – Physicians(MD/DO		2-days	\$450	\$500			
Non-Member – Physicians(MD/DO))	1-day	\$300	\$350			
NPRN, PA		3-days	\$375	\$400			
APRN, PA		2-days	\$275	\$300			
APRN, PA		1-day	\$175	\$200			
harm, RN, LPN, Chiropractic Physi	cian	3-days	\$300	\$350			
harm, RN, LPN, Chiropractic Physic	cian	2-days	\$200	\$250			
Pharm, RN, LPN, Chiropractic Physi	cian	1-day	\$150	\$200			
esident/Student Members		No Charge but please register					
					Total	l Amount Due:	-
** <mark>If registering for one or two d</mark>	ays – please list	<mark>days attend</mark>	<mark>ing for fo</mark>	od count	<mark>s</mark> :e	xample: Thurs.,Fri. 8	k Sat.
🗆 VISA 🗆 MasterCo		Express 🗆 Di	iscover	-	curity prohibit	s charges by phone)	
Card#	Exp. Date	Billi	ng Zip Co	de	Security Cod	de#	
Signature We cannot process you Cancellation Policy: We encou	ır credit card payn		-	-		us hu Anril 6th	