

REGISTRATION FORM: WVAFP 70th ANNUAL SCIENTIFIC ASSEMBLY – April 7-9, 2022

PLEASE COMPLETE THIS FORM, KEEP COPY FOR YOUR FILES & SEND WITH PAYMENT TO:

WVAFP , P.O. Box 1090, Hurricane, WV 25526 website www.wvafp.org Phone (304) 562-4433 Fax (304) 562-4469

Name _____ Profession (MD, PA, RN , etc.) _____
(PLEASE PRINT)

Address _____

City/State _____ Zip _____ Phone/Work _____

Phone/Home _____ Fax _____ E-mail _____

***Please Note: We be enforcing CDC/State mandates and recommendations at the time of our annual meeting.**

To reduce printing costs the syllabus(handouts provided prior to assembly) will be available on our website prior to Assembly. ALL SLIDES WILL BE AVAILABLE ON OUR WEBSITE AT THE CONCLUSION OF THE PROGRAM.

Please indicate: printed copy is an additional \$20 Fee Syllabus: Printed \$20 _____ or I will download _____

WVAFP Member:	Before 3/15/22	After 3/15/22	Credits	
___ (3day)	\$450	\$500	24	
___ (2day)**	\$350	\$400	16	
___ (1day)**	\$225	\$275	8	
Physician Non- Member:	Before 3/15/22	After 3/15/22	Credits	
___ (3day)	\$500	\$550	24	
___ (2day)**	\$375	\$425	16	
___ (1day)**	\$250	\$300	8	
NP*/Physician Assistant:	Before 3/15/22	After 3/15/22	Credits	
___ (3day)	\$325	\$375	24	
___ (2day)**	\$200	\$250	12	*Nurse Practitioners receive
___ (1day)**	\$100	\$150	8	same credit as nurses below
RN/LPN & Other HCP:	Before 3/15/22	After 3/15/22	Credits	
___ (3day)	\$200	\$250	28.8	
___ (2day)**	\$175	\$225	19.2	
___ (1day)**	\$125	\$175	9.6	
PHARMACISTS:	Pending approval by the WVBOP			
___ (3 day)	\$200(before 3/15/22)	\$250(after 3/15/22)		
___	RESIDENTS/STUDENTS No Charge – Please complete registration form			
___	CHIROPRACTIC DOCTORS \$100 ** 6 CREDITS(pending)			

Total Amount Due: _____

****If registering for one or two days – please list days attending for food counts: _____ example: Fri. & Sat.**

PAYMENT: Check Enclosed Please Bill Me VISA Mastercard American Express Discover
 Debit Card(may have to process at meeting – if your bank security prohibits charges by phone)

Card# _____ Exp _____ Signature _____ Zip Code _____

We cannot process your credit card payment without a signature & expiration date.

Cancellation Policy: We encourage you to register early. We will give 100% refund if you notify us by March 24th.