Registration Form for NCS- ACOFP Annual Conference at the Pinehurst Resort

August 11 – 13, 2023



Name _____

Email		
Select the Registration Fee Amount Below		
Rates: Payment I	Made by July 31	After July 31
NCOMA or NCS-ACOFP dues-paying member	\$475.00	\$525.00
Non- Member Physician	\$525.00	\$575.00
Active-Duty Military Physician (not a member)	\$275.00	\$325.00
Retired Physician	\$325.00	\$375.00
Student	\$35.00	\$45.00
Resident	\$75.00	\$100.00
Health Care Professional (PA, RN, FNP)	\$300.00	\$350.00
Guest (Friday evening reception only)	\$30.00	\$30.00
Total Amount Due for Conference \$		
Dietary Issues The registration fee includes breakfast, lunch, ☐ Yes (If yes, please describe.) ☐ No	and snacks. Do yo	
Reception Attendance Do you plan to attend the evening reception o Yes □ No □	n Friday, August 1	1?
Select Payment Type		
☐ Pay by check (Make payable to NCS-ACOF NC 27546.)	P and mail to Nan	cy Guy, PO Box 662, Lillington
$\ \square$ Pay by credit card (Register and pay on-line	e using the link on	NCS-ACOFP website.)
Hotel Information - see NCS-ACOFP websit	e for resort inform	nation at <u>www.nc-acofp.org</u>