



## Registration Form:

### NCS---ACOFP Annual CME meeting Pinehurst Resort – August 2014

Name: \_\_\_\_\_ Title: \_\_\_\_\_ AOA # ( if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ EMAIL: \_\_\_\_\_ (for communication of agenda, etc)

**Please register by June 1<sup>st</sup>, 2014. After June 1<sup>st</sup> there will be a \$50.00 late fee.**

Are you a current member of NCS ACOFP? Yes \_\_\_\_\_ No \_\_\_\_\_

*Check Type Below:*

Member Physician: \$ 300 \_\_\_\_\_

Non member Physician : \$ 350 \_\_\_\_\_

Military, Active Duty: \$ 200 \_\_\_\_\_

Physician assistant or Nurse practitioners: \$ 250 \_\_\_\_\_

Residents---\$50 \_\_\_\_\_

Spouse/Guest \$50 \_\_\_\_\_

TOTAL REGISTRATION FEES \$ \_\_\_\_\_

PAYMENT: ( 2 options)

1. Mail a check to NCS---ACOFP with this registration form to:  
Robert Agnello  
259 Rolling Pines Drive  
Spring Lake NC, 28390

2. Pay via PAYPAL link on website , and email this registration form to :

[membership@nc-acofp.org](mailto:membership@nc-acofp.org)