

# 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 July 15, 2014. After this date 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

108 Spring Pond Lane,

Spring Lake, NC 28390

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

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