

Registration Form for NCS- ACOFP Annual Conference
Beaufort Hotel, Beaufort NC
August 9 – 11, 2024



Name _____

Email _____

Select the Registration Fee Amount Below

Rates:	Payment Made by July 2	After July 2
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
Guest (Reception only)	\$30	\$40
Donation to Sponsor a Student(s)	\$100	\$100

Total Amount Due for Conference \$ _____

Dietary Issues

The registration fee includes breakfast, lunch and snacks. Do you have any dietary allergies?

- Yes (If yes, please describe.) _____
- No

Reception Attendance

Do you plan to attend the evening reception on Friday, August 9?

- Yes No

Select Payment Type

- Pay by check (Make payable to NCS-ACOFP and mail to Nancy Guy, PO Box 662, Lillington NC 27546.)
- Pay by credit card (Register and pay on-line using [this link](#) on NCS-ACOFP website.)

Hotel Information - see NCS-ACOFP website for hotel information at www.nc-acofp.org