

DAY AT THE CAPITOL REGISTRATION- Before January 21st
FAX BACK: 404-321-7450
MAIL: GAFF, 3760 LAVISTA ROAD, SUITE 100
TUCKER, GEORGIA 30084

Payment AFTER January 21, 2012
\$48.00 per Active/Life Member

Print Name: _____

Print Email: _____

Print City: _____

____ **GAFP Active/Life Member**

____ **GAFP Resident Member**

____ **GAFP Resident Member Requesting Travel Stipend**

____ **GAFP Student Member Requesting Travel Stipend**

____ **GAFP Student Member**

Checks, Visa, MasterCard, Discover and American Express are accepted.

Circle Payment Type: Check Visa MasterCard Discover American Express

Please Print Clearly

Credit Card Number _____

Security Code _____

Expiration Date _____

Amount _____

Name _____

Address _____

City _____ Zip _____

Phone: _____

Come learn how the process works and spend a half day protecting your practice and your patients by educating our legislators on family medicine!