

REGISTRATION FORM

AMERICAN COLLEGE OF PHYSICIANS GEORGIA CHAPTER

Georgia Chapter Annual Fall Meeting

October 25, 2008

Crowne Plaza Ravinia, Atlanta, GA

Return Fax to: 770-485-7367

PLEASE PRINT

Name: (First) _____ (MI) _____ (Last) _____

Degree (s) _____ MD _____ DO _____ PA _____ NP _____ (Other)

Address _____

City/State/ZIP _____

Telephone: _____ Fax: _____

E-mail: _____

ACP Number _____ (If Applicable)

Registration Fee Circle one	Received Before Sept. 25	Received Sept. 26 to Oct. 17	After Oct. 17 or On-Site
Master/Fellow/Member	\$125	\$135	\$150
Resident	\$50	\$50	\$50
Non-Member Physician*	\$145	\$155	\$175
Medical Student	\$25	\$25	\$25
Allied Healthcare Professionals	\$130	\$140	\$145
Office Managers (Without Physician Attending)	\$100	\$100	\$100
Office Managers (Physician in Attendance)	\$50	\$50	\$50

* _____ We encourage participation by all individuals. Check here if you require assistance due to disability. Advance notification is essential in order for us to serve you better. Please notify Michelle Dietz in writing at least 30 days prior to your course.

Michelle Dietz
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Hiram, GA 30141
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Fax: 770-485-7367
mdietz@gaacp.org