AAFCP 45th Annual Meeting Registration Form
Celebrating 50 Years at the Epicenter of Women's Health
with the Creighton Model Fertility*Care* System & NaProTECHNOLOGY

This form is for registration to attend the Annual Meeting. It does not contain all the details of the Annual Meeting. Please visit aafcp.net/annual-meeting for full Annual Meeting information and resources. In addition to registering to attend the Annual Meeting, you will need to make separate hotel reservations. See the Accommodations section below.

To register by mail, send a check and completed Registration Form (ALL 3 PAGES) to:
AAFCP c/o Dr. Jean Golden-Tevald, 17 Brentwood Court, Flemington, NJ 08822.

Contact Information

Name: _____

Name & Credentials as you would like them to appear on your Name Tag:

_____

Nurses, please enter your license number as it is required to receive CEU credit:

_____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Is this the first Annual Meeting you have attended? ☐ Yes ☐ No

Special dietary needs:
Please indicate any food allergies that you have. We will work with the hotel staff to accommodate these the best we can. If you have a highly restrictive diet, you might consider alternative meal options.

☐ Dairy ☐ Peanut/nut ☐ Vegetarian

☐ Gluten ☐ Vegan ☐ Other: _____

Notice and Acknowledgement of Policy and Disclaimer:

Cancellation/Refund Policy

Cancellations made beyond 60 days will receive a full refund less a $50 administration fee and credit card fees if applicable. Cancellations 30 days to 60 days prior to the conference receive a 50% refund. No refunds are available for cancellations within 30 days of the conference.

Photo/Video Disclaimer

AAFCP and its authorized representatives will be recording on photography film and/or video, pictures. Material photographed may be used, as part of any future publications, brochures, or other printed/digital materials used to promote the AAFCP.

☐ I acknowledge the Cancellation/Refund Policy and the Photo/Video Disclaimer.

Hotel Accommodations

Annual Meeting attendees are encouraged to stay at the Hilton Fort Wayne at the Grand Wayne Convention Center where we have a group rate reserved. The deadline to reserve your room is June 30, 2026, to receive the group rate. To receive our discounted rate of $149/night (double or king), visit https://aafcp.net/annual-meeting/accommodations

☐ I acknowledge that I must make hotel accommodations independent of this registration.

Registration Information

Visit aafcp.net/annual-meeting for details about the Annual Meeting registration and Excursion options.

Registration Deadline is July 1, 2026 with early-bird registration discount of $50 until June 1, 2026.

ENTER A NUMBER ON THE LINES BELOW FOR EACH ITEM AND CALCULATE YOUR TOTAL DOLLAR AMOUNT AT THE BOTTOM.

Full Conference Registration

Please note: Full registration includes one ticket to the Closing Banquet on Saturday night.

For AAFCP Members:	Qty		Total
Non-Physician Student Member (special rate for FCPI and FCII)	_____	x $325 =	_____
Non-Physician Associate/Honorary Member	_____	x $500 =	_____
Non-Physician Voting Member ($50 Voting Member discount included)	_____	x $450 =	_____
Physician Student Member (special rate for CrMS MC Interns)	_____	x $425 =	_____
Physician Associate/Honorary Member	_____	x $600 =	_____
Physician Voting Member ($50 Voting Member discount included)	_____	x $550 =	_____
For Non-AAFCP Members:			
Non-Physician Non-Member	_____	x $550 =	_____
Physician Non-Member	_____	x $650 =	_____
Health Care Student Special Discounted Rate	_____	x $325 =	_____

More registration options continued on the next page

Additional Fees
Guest Closing Banquet Ticket for Saturday night _____ x $60 = _____

Full Conference Registration includes 1 Closing Banquet ticket

Indiana TinCaps Excursion
July 24, 2026 Join us for the Tincaps baseball game with the meal included. The ballpark is directly across the street from the convention center so we will be walking. _____x $38 = _____

The space we have for our group is limited, so first come first serve.

Donation
Donation toward AAFCP student and Health Care Student discounted registration rates.
Please accept my donation of: $_____

Early Bird Registration Discount
If you are registering by June 1, 2026, deduct $50 from your registration. $ _____

TOTAL REGISTRATION FEES DUE: **$_____**

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Flemington, NJ 08822