



Association of American Indian Physicians (AAIP)
27th Annual Cross Cultural Medicine Workshop
Registration Form

Crowne Plaza Hotel
Albuquerque, NM
April 23-26, 2020

"Maintaining Harmony: AI/AN Strategies for Wellness and Healing"

Fill out information below, EXACTLY how you wish it to appear on your name badge including professional designation – i.e. MD, DO, RN, MS etc.

Name: _____

Title: _____

Organization: _____

Mailing Information: A registration receipt will be emailed or mailed to:

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____

Email Address: _____

Important Deadlines: Register early, limited space available and reserve your hotel room by 4/3/2020

Registration Fee: \$350.00

Method of Payment: Registrations can only be processed when accompanied by payment. Please make check payable to AAIP and be mailed to AAIP, 1225 Sovereign Row, Suite 103, Oklahoma City, OK 73108.

Check # _____ Amount \$ _____

Charge my: VISA MasterCard American Express

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Account Number

Expiration Date

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Today's Date