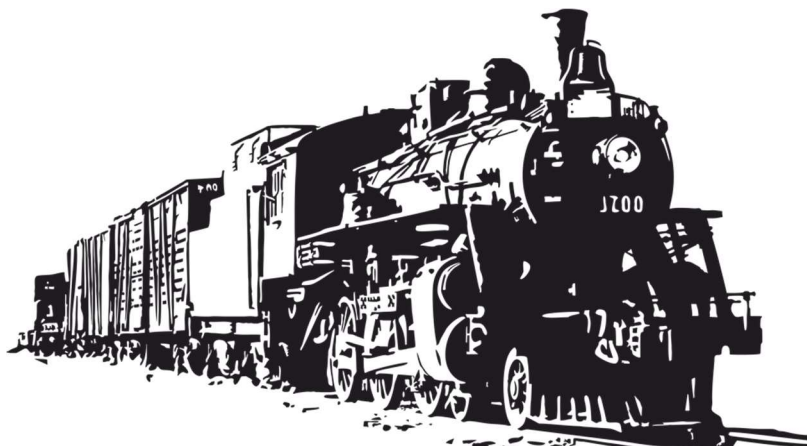


GET ON TRACK with FAMILY MEDICINE



MS Academy of Family Physicians Foundation \$10,000 Draw Down

Tuesday, July 18, 2017
Baytowne Conference Center
Sandestin, FL
6:00 pm

Ticket Order Form

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Quantity

Cost

_____ Draw Down Ticket(s) @ \$100

_____ Draw Down Ticket(s) w/insurance @ \$125

(If ticket is one of the first 50 drawn, it will be returned to
the Draw Down barrel for a second chance.)

TOTAL ENCLOSED

() CHECK payable to **MAFP Foundation**

() CREDIT CARD _____ EXP. DATE _____ V-CODE _____

Please complete even if you plan to attend.

_____ If my name is one of the last 4 remaining names and the other 3 remaining names agree, I wish to
split the \$10,000 four ways, winning \$2,500.

_____ If my name is one of the last 3 remaining names and the other 2 remaining names agree, I wish to
split the \$10,000 three ways, winning \$3,333.33.

_____ If my name is one of the last 2 remaining names and the other remaining name agrees, I wish to
split the \$10,000 two ways, winning \$5,000.

_____ I do not wish to split at any level.

_____ If I win, please donate _____ to the MAFP
Foundation.

_____ I am planning to attend.

_____ I cannot attend

Signature

**GET ON TRACK with
FAMILY MEDICINE**

silent AUCTION

DONATIONS NEEDED

The Mississippi Academy of Family Physicians Foundation Annual Silent Auction will be held on Tuesday, July 18th during the MAFP Annual Meeting at the Baytowne Conference Center in Sandestin, FL (July 15-19, 2017). You can make this year's auction the best ever, and here are some simple ways to help:

- * Donate an item
- * Volunteer your professional service
- * Ask a business to donate an item, gift card, etc.
- * Ask friends, neighbors and/or family to give

If you would like to participate, please return this form to Kay-Lynn Meador at kaylynn@msafp.org or fax to 601-853-3002. Even if you are not attending the 2017 annual meeting, you may still submit a silent auction item.

Donor: _____ E-mail Address: _____

Item Donated: _____ Retail Value: _____

Description of Donation (including any limitations and conditions): _____

Business Phone: _____ Cell Phone: _____

Donor Signature: _____ Date: _____