

COURSE REGISTRATION

Emergency and Urgent Care • September 17–20, 2014

Hyatt Regency Tamaya Resort & Spa • Santa Ana Pueblo (Albuquerque, NM)

Register online at aafp.org/er/albuquerque

AAFP Member ID #: _____

Name: _____

Nickname (badge purposes): _____

Degree: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email (REQUIRED): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Registration Fees

On or Before 8/18/14 After 8/18/14

<input type="checkbox"/> AAFP Member (Active, International, Inactive, Life, Supporting)	\$895	\$995
<input type="checkbox"/> AAFP New Physician Member	\$820	\$920
<input type="checkbox"/> AAFP Student/Resident Member	\$645	\$745
<input type="checkbox"/> Allied Health Professional (RN, PA-C, NP, etc.)	\$895	\$995
<input type="checkbox"/> Nonmember (Physician, Student, Resident)	\$1,195	\$1,295

Optional Sessions

Separate registration is required and limited to course registrants only. Limited seating is available.

Joint Injection and Joint Aspiration — \$160

- ☐ (101) Wednesday, September 17 — 3:30 to 5:30 p.m.
☐ (102) Thursday, September 18 — 3:15 to 5:15 p.m.

Suturing Techniques in the ER — \$240

- ☐ (103) Wednesday, September 17 — 3:30 to 6:30 p.m.
☐ (104) Thursday, September 18 — 3:15 to 6:15 p.m.

GO Green! with AAFP

The AAFP is focused on providing the best course resources available, while reducing environmental impact. Your registration fee includes access to course materials online, which are available approximately one week prior to the course start date. Additional information and instructions will be provided by email. If you wish to purchase a printed, black and white copy of the syllabus, please check the box below. You will still have access to course materials online.

☐ (901) Syllabus hard copy — \$60.

Special Needs — If you have physical or dietary restrictions, please mark the appropriate boxes below.

- ☐ (950) Vegetarian
☐ (951) Gluten Free
☐ (952) Wheelchair Accessibility
☐ (953) Hearing Impaired
☐ (954) Lactation Room

OPT IN

- ☐ (998) I want to have my name, city and state included in attendee lists.
☐ (999) I want to be included on the list provided to exhibitors, supporters and in-kind supporters who may provide follow-up communications following the course.

Method of Payment

Enclose check or indicate credit card information for the registration fee.

(Payment is expected to accompany this form.)

- ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express
☐ Check enclosed **(payable to AAFP)**

Total due: \$ _____

Name on Card: _____

Card Number: _____

Exp Date: _____

Signature: _____

Photography and recording

The AAFP may take photographs and/or record audio and video at this event. By attending, you consent to the use of any photographs, audio, and video recordings of you by the AAFP and its designees in AAFP communications and promotions, or for any other lawful purpose.

The AAFP must receive notice of cancellation no later than August 27, 2014. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy online at www.aafp.org/cmecancellations.

Have you made your hotel reservation? Hotel information available at www.aafp.org/er/albuquerque or call the hotel at (505) 867-1234. Don't forget the deadline is August 18, 2014.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Return with appropriate payment or call:

American Academy of Family Physicians

Attn: Contact Center

11400 Tomahawk Creek Parkway, Leawood, KS 66211

Phone: (800) 274-2237 • Fax: (913) 906.6075

Email: contactcenter@aafp.org