

COURSE REGISTRATION

PerformanceNavigator® Workshop • April 27–29, 2017

St. Louis, Missouri

Register online at www.aafp.org/pnav/live-workshop

AAFP Member ID #: _____

Name: _____

Nickname (badge purposes): _____

Degree: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail (REQUIRED): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Registration Fees*

	by 3/22/17	after 3/22/17
<input type="checkbox"/> AAFP Member (Active, International, Inactive, Life, Supporting)	\$1,595	\$1,895
<input type="checkbox"/> AAFP New Physician Member	\$1,495	\$1,795
<input type="checkbox"/> Allied Health (accompanied by a family physician) (RN, PA-C, NP, etc.)	\$1,195	\$1,495
<input type="checkbox"/> Nonmember	\$1,995	\$2,295

Knowledge Self-Assessment (KSA) Working Groups

- ☐ (200) I have checked with the ABFM to confirm that I am eligible to participate in both Self Assessment Modules.
- ☐ (201) Hypertension – April 28, 2017
- ☐ (202) Diabetes – April 29, 2017

*Family physician certification fees must be up-to-date with ABFM.

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: _____ CWV: _____

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 21 days prior to the start of the meeting. 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/pnav/live-workshop. Don't forget the deadline is March 29, 2017.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Return with appropriate payment or call:

American Academy of Family Physicians

Attn: Member Resource Center

11400 Tomahawk Creek Parkway, Leawood, KS 66211

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

E-mail: aafp@aafp.org