

COURSE REGISTRATION

SAM Working Groups • September 20-21, 2014
Hyatt Regency O'Hare • Chicago, IL

Register online at
www.aafp.org/sams

AAFP Member ID #: _____

Name: _____

Nickname (badge purposes): _____

Degree: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email (REQUIRED): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Registration

Registration includes a hard copy syllabus and online access to course materials which will be available approximately one week before the course. Additional information and instruction will be provided by email.

	On or Before 8/20/14	After 8/20/14
September 20 — Coronary Artery Disease (100)		
<input type="checkbox"/> AAFP Member Registration Fee	\$195	\$235
<input type="checkbox"/> New Physician Registration Fee	\$145	\$175
<input type="checkbox"/> AAFP Resident Member Registration Fee	\$145	\$175
<input type="checkbox"/> Nonmember Registration Fee	\$265	\$305

September 21 — Childhood Illness (102)

<input type="checkbox"/> AAFP Member Registration Fee	\$195	\$235
<input type="checkbox"/> New Physician Registration Fee	\$145	\$175
<input type="checkbox"/> AAFP Resident Member Registration Fee	\$145	\$175
<input type="checkbox"/> Nonmember Registration Fee	\$265	\$305

☐ (200) I have checked with the ABFM to confirm that I am eligible to participate in this Self Assessment Module.

*To complete the SAM process and earn CME, you must also complete the clinical simulation on the ABFM website within one year (separate fee to the ABFM required).

Special Needs

If you have physical restrictions, please mark the appropriate boxes below.

- ☐ (952) Wheelchair Accessibility
☐ (953) Lactation Room
☐ (954) Hearing Impaired

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 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? Don't forget the deadline is August 20, 2014. Hotel information is available at www.aafp.org/sams or call the hotel at (888) 735-2954.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Return with 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