Application to Hold a Satellite CME Event

AAFP Assembly • Washington, D.C.

October 21-24, 2014

Providers planning to hold a Satellite CME Event during the AAFP Assembly must complete this application and agree to adhere to AAFP Guidelines for Satellite Events.

My signature below verifies that I have read and understand the conditions of this application, as well as the conditions and regulations published online at www.aafp.org/assemblysatelliteevents. I have also provided the contact information of all parties involved with this event. By signing below, I am indicating my company's agreement to be bound by any and all such conditions and regulations. I accept responsibility for informing all of our employees, speaker(s), supporter(s) and activity organizer of these conditions and for ensuring that they will abide by them also. I understand the penalties which may be assessed if we are in violation of these conditions. I also understand the cancellation policy for canceling our event.

Signature: _____
Provider (authorized representative: name and date)

Title of Event: _____

_____

_____

For a current list of available time slots, click **HERE**. Please indicate below your 1st and 2nd choice:

1st Choice
☐ a.m. ☐ mid-day ☐ p.m.

Date: _____ Start Time: _____

2nd Choice
☐ a.m. ☐ mid-day ☐ p.m.

Date: _____ Start Time: _____

Proposed location (hotel): _____

Once the application is approved for a specific time slot, providers may not change title date or time slot without AAFP approval. Providers will receive letter of acknoledgment following approval of this application. When choosing your event date, be aware of AAFP events taking place. See AAFP scheduled events online at www.aafp.org/assembly/satelliteevents.

Acknowledgement of this application authorizes the provider to proceed with making arrangements for the proposed activity. Hotels will not assign space until this application has received approval.

Provider:

_____
(Organization e.g., hospital, university, etc. responsible for the overall event.)

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Is this event joint sponsored: ☐ Yes ☐ No
If yes, name of second provider:

_____
(List contact information on separate page if different from activity organizer.)

Supporter(s):

_____
(List additional supporters and co-marketing companies involved on separate page.)

Contact Name: _____

Phone: _____

E-mail: _____

Activity Organizer (company handling event details), if applicable:

_____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Cell Phone: _____

Applications will be accepted and approved on a first-come, first-served basis.

Send application with 25% non-refundable administrative fee. Balance due June 30, 2014.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Keely McDannold, American Academy of Family Physicians
11400 Tomahawk Creek Parkway, Leawood, KS 66211-2672
Phone: (913) 906-6297 • Fax: (913) 906-6073
E-mail: kmcdannold@aafp.org

Date received _____
Event # _____

Application to Hold a Satellite CME Event (continued)

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Please provide detailed objectives for the event:

Please describe food and beverage activities in conjunction with the event, to include specific time allotments for these activities and estimated cost per person (less than $100 per attendee in market value): *Please refer to the Physician Payment Sunshine Act Guidelines.*

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Send application with 25% of the administrative fee to:

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