



**Workshop Faculty Form**  
***Deadline: April 1, 2015***

**Title of Workshop:** \_\_\_\_\_

**Workshop Faculty:**

Please print or type each name and title *exactly* how you would like it to appear in the official program. Please be specific.

**Example:** John Doe, MD, Associate Professor, Sports Medicine Program, Department of Family Practice, University of Washington; Private Practice, Sports and Spine Physicians, Seattle, Washington

**Speaker #1**

Name: \_\_\_\_\_

Academic/Professional Title: \_\_\_\_\_

Institution/Program/Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Speaker #2**

Name: \_\_\_\_\_

Academic/Professional Title: \_\_\_\_\_

Institution/Program/Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Speaker #3**

Name: \_\_\_\_\_

Academic/Professional Title: \_\_\_\_\_

Institution/Program/Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Speaker #4**

Name: \_\_\_\_\_

Academic/Professional Title: \_\_\_\_\_

Institution/Program/Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Please return this form by *April 1, 2015* to:**

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