To ensure legibility, please type the information, print, and fax to (913) 906-6105 or save and send to spener@aafp.org.

COURSE REGISTRATION

Chief Resident Leadership Development Program

InterContinental Kansas City at the Plaza • Kansas City, MO

For more information, visit www.aafp.org/chiefresident

_____
Program Name

_____
Program Director's Name

_____
*Program Coordinator's Name

_____
Program Coordinator's Phone Number

_____
*Program Coordinator's Email Address

_____
Address

_____
City, State, ZIP

Program coordinator will serve as primary contact and will be copied on all communication to participants.

Please accept this application and appropriate fees to register for the 2017 AAFP Chief Resident Leadership Development Program. I understand that this application will reserve space for my program's chief resident(s) to attend both a workshop in Kansas City and the follow-up session in San Antonio in conjunction with the AAFP Family Medicine Experience (FMX). I further understand that I will inform the AAFP of the name(s) of the chief resident participant(s) no later than April 27, 2017.

Registration Fee — $1,050 per chief resident
Registration includes the Kansas City workshop, San Antonio workshop, and AAFP Family Medicine Experience.

☐ **Session I — May 18-20, 2017** **Choose one:**

Number of Chief Resident Participants: ○1 ○2 ○3 ○4

☐ **Session II — May 20-22, 2017**

Number of Chief Resident Participants: ○1 ○2 ○3 ○4

The AAFP must receive notice of cancellation no later than April 28, 2017. Requests for full cancellations will be refunded less a $50 administrative fee. See the entire policy online at www.aafp.org/cmecancellations.

Chief Resident 1 Name _____

Nickname_____

Degree_____

Email _____

Chief Resident 2 Name _____

Nickname_____

Degree_____

Email _____

Chief Resident 3 Name _____

Nickname_____

Degree_____

Email _____

Chief Resident 4 Name _____

Nickname_____

Degree_____

Email _____

Method of Payment

Enclose check or indicate credit card information for the registration fee. ***(A $1,050 registration fee per chief resident space is expected to accompany this application to ensure participation in this course.)***

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

☐ Check enclosed ***(payable to AAFP)***

Total due: $_____

Name on Card: _____

Card Number: _____

Exp. Date: _____

Signature: _____

HAVE YOU MADE YOUR HOTEL RESERVATION? Don't forget the deadline is April 28, 2017. Hotel information is available at www.aafp.org/chiefresident or call the hotel at (866) 856-9717.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Return to:
American Academy of Family Physicians
Attn: Sam Pener
11400 Tomahawk Creek Parkway, Leawood, KS 66211-2680
Phone: (800) 274.2237, Ext. 6707 • Fax: (913) 906.6105
spener@aafp.org

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