

COURSE REGISTRATION

Chronic Illness: An Evidence-Based Approach to Practical Management

March 18-20, 2011

Sheraton San Diego Hotel & Marina • San Diego, California

Register online at
www.aafp.org/courses/chronic

AAFP Member ID #: _____

Name: _____

Degree: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail (REQUIRED): _____

Emergency Contact Name: _____

Emergency Contact Phone # _____

Registration Fees

	On or Before 2/18/11	After 2/18/11
<input type="checkbox"/> AAFP Member <i>(Active, International, Life, Supporting)</i>	\$525	\$655
<input type="checkbox"/> AAFP New Physician Member	\$475	\$605
<input type="checkbox"/> AAFP Student/Resident Member	\$395	\$495
<input type="checkbox"/> Allied Health Professional <i>(RN, PA-C, NP, Etc.)</i>	\$525	\$655
<input type="checkbox"/> Nonmember <i>(Physician, Student, Resident)</i>	\$785	\$985

GO Green! with AAFP

Your registration fee includes a flash drive of the course materials which will be presented onsite. You may wish to bring your laptop to view these materials. A limited number of power outlets will be available. If you would like a hard copy of the syllabus, it may be purchased by checking the box below.

(901) Syllabus hard copy – \$50.

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
- (955) Other – an AAFP staff member will contact you.

Complimentary METRIC Module

As an attendee, you receive a free AAFP METRIC Module. This CME program helps you and your office staff assess chronic illness care and implement system changes that can lead to improved outcomes. Learn more about METRIC at www.aafp.org/metric. Please choose one from the following modules.

- (200) Diabetes
- (201) Asthma
- (202) Coronary Artery Disease
- (203) Chronic Obstructive Pulmonary Disease
- (204) Geriatrics
- (205) Depression
- (206) Hypertension

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: _____

The AAFP must receive notice of cancellation no later than February 25, 2011. 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 is available at www.aafp.org/courses/chronic or call the hotel at (877) 734-2726. Don't forget the deadline is February 18, 2011.



Return with appropriate 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

E-mail: contactcenter@afp.org