

COURSE REGISTRATION

Emergency and Urgent Care

October 22 – 26, 2008 — Jacksonville, Florida

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

AAFP Member ID #: _____

Name: _____

Degree: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Emergency Contact Name: _____

Emergency Contact Phone # _____

Registration Fees

	Before 9/15/08	After 9/15/08
<input type="checkbox"/> AAFP Active Member	\$775	\$895
<input type="checkbox"/> AAFP New Physician Member	\$725	\$845
<input type="checkbox"/> Nonmember Physician	\$1,165	\$1,335
<input type="checkbox"/> Resident	\$585	\$675
<input type="checkbox"/> Non Physician Health Professional (RN, PA-C, NP, Etc.)	\$775	\$895

Course material will be distributed onsite. Please select the format you wish to receive. If selecting the CD-ROM only, you will need to bring a laptop to view the materials.

(900) Syllabus (901) CD-Rom (902) Both (add \$25)

Optional Sessions — *Separate registration and fee required. Limited seating and limited to registrants only.*

Slit-lamp — \$165 (*Limited to 40 registrants each session*)

#302 — Saturday 1:45 – 5:15 p.m.

#303 — Sunday 8:00 – 11:30 a.m.

Suturing Workshops — \$165 (*Limited to 40 registrants each session*)

#304 — Saturday 1:45 – 5:15 p.m. - Basic Suturing

#305 — Sunday 8:00 – 11:30 a.m. - Advanced Suturing

Joint Injection/Joint Aspiration — \$80 (*Limited to 40 registrants each session*)

#300 — Saturday 1:45 – 3:30 p.m.

#301 — Saturday 3:45 – 5:30 p.m.

Common Fractures and Splinting Techniques — \$165

(*Limited to 40 registrants*)

#306 — Sunday 8:00 – 11:30 a.m.

Airway Management — \$165 (*Limited to 20 registrants each session*)

#307 — Saturday 1:45 – 4:45 p.m.

#308 — Sunday 8:00 – 11:00 a.m.

Local and Regional Anesthesia Workshop — \$170 (*Limited to 24 registrants each session – Box Dinner provided to registrants of this session*)

#309 — Friday 5:45 – 8:15 p.m.

The AAFP must receive notice of cancellation no later than 21 days prior to the first day of the course. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy online at www.aafp.org/cmecancellations.

Spouse/Guest Meals — *A limited number of continental breakfast and lunch tickets will be available for guests at an additional fee.*

(903) Spouse/Guest Breakfast (4 mornings)

\$60 x # _____ of guest(s) = _____ total

(904) Spouse/Guest Lunch (2 days)

\$40 x # _____ of guest(s) = _____ total

Spouse/Guest Name (*if purchasing meal tickets*)

_____ Total Due: \$ _____

Housing Accommodations

Note: It is the registrant's responsibility to make hotel reservations.

(960) I have made/will make my own reservations at the conference hotel.

(961) I have made/will make my own reservations at a different hotel.

(962) I will not need reservations.

NEW FOR YOU!

The AAFP has developed an email discussion "List Serv" that allows fellow registrants and faculty to network and discuss medical/business issues pertaining to the course topic before and after the course. Upon registration, participants have the option to be added to the List Serv by checking the box below. This is a time limited List Serv available one month prior to the course and approximately two months after. E-mails from participants and faculty will be sent to the e-mail address listed on this form. E-mail addresses will be used for the sole purpose of this list serv and not shared or sold.

(999) I wish to participate in the list serv.

Special Needs

If you have physical or dietary requirements which require accommodation in order to fully participate in this activity or you need special accommodations for breastfeeding during the hours of the CME program, please list below.

Please list need: _____

Method of Payment

Enclose check or indicate credit card information for the registration fee.

(Payment is expected to accompany this form to ensure participation in this course.)

Visa Mastercard Discover American Express

Check enclosed (**payable to AAFP**)

Card Number: _____

Exp Date: _____

Signature: _____

Have you made your hotel reservation? Hotel information available at www.aafp.org/courses/emergencycare/housing/ or call the hotel at 800-233-1234. Don't forget the deadline is September 15, 2008.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Return with appropriate payment or call:

American Academy of Family Physicians

Attn: Registration Services

11400 Tomahawk Creek Parkway, Leawood, KS 66211

Phone: 800.274.8043 • Fax: 913.906.6083 • E-mail: contactcenter@aafp.org