

REGISTRATION FORM

2008 Scientific Assembly

San Diego Convention Center • San Diego, CA • Wednesday through Sunday, Sept. 17 – 21

Please Print the following information:

AAFP ID #: _____

Name: _____

Nickname for badge: _____

Degree: _____

Address: _____

City, State, Country, Zip: _____

Business Phone: _____

Fax: _____

E-mail (for confirmation): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Register online at
www.aafp.org/assembly/register

Early Bird Deadline June 25
Pre-Registration Deadline
August 13



All 2008 Assembly meeting materials, badges, tickets, and promotional mailings from exhibitors will be mailed to this address. Your Expocard* will also contain this address.

Part I – Registration Fee

Scientific Assembly Fee Schedule

Registration Category	Received on or before 6/25/08	Received after 06/25/08 & by 8/13/08	Received after 08/13/08 onsite fees apply
AAFP Member (Active, Supporting & International)	\$450	\$550	\$650
AAFP New Physician Member (Active, Inactive and International members who have completed their family medicine residency training between 2001 and 2008)	\$350	\$450	\$550
Health Professional Employed by AAFP Member (i.e. RN, NP, PA, office manager) ID#	\$450	\$550	\$650
College of Family Physicians of Canada Member	\$450	\$550	\$650
Nonmember Physician	\$750	\$850	\$950
Health Professional Employed by Nonmember Physician (i.e. RN, NP, PA, office manager)	\$750	\$850	\$950
AAFP Life Member	\$50	\$50	\$50
AAFP Inactive Member	\$100	\$100	\$100
AAFP Resident Member	\$50	\$50	\$50
Nonmember Resident	\$75	\$75	\$75
AAFP Medical Student Member	\$40	\$40	\$40
Nonmember Medical Student	\$75	\$75	\$75

Total Amount Due from Part I: _____

Check appropriate box

Opt-out Options

You can opt-out of receiving promotional mailings from exhibitors and sponsors of satellite event activities. You can also opt-out of providing your e-mail on your Expocard.*

- [980] I do not wish to receive promotional postal mailings from exhibitors before and after the Assembly.
- [984] I do not wish to receive promotional postal mailings from sponsors of satellite activities/events before and after the Assembly.
- [981] Do not provide my e-mail address on my Expocard* that is used to request additional materials during booth visits.

[983] International Registrants I would like to receive an official invitation letter to facilitate my business travel visa application.

*This card is a magnetic swipe card similar to a credit card that can be used during booth visits to request additional information and saves you time. It contains your contact information provided during registration, including name, address and email address.

continued ...



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

AAFP SCIENTIFIC
assembly

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Part II — Clinical Procedures Workshops

Individual course descriptions, times and ticket policies can be found in the CME Brochure or online at www.aafp.org/assembly.

- [700 – 701] Aesthetic Dermal Fillers in Family Medicine \$240**
Indicate choice by preference 1st _____ 2nd _____ \$ _____

- [702 – 703] Allergy Testing and Immunotherapy \$210**
Indicate choice by preference 1st _____ 2nd _____ \$ _____

- [704] Cardiology Stress Testing: Advanced \$280** \$ _____

- [705] Cardiology Stress Testing \$280** \$ _____

- [706 – 707] Casting and Splinting of Soft-tissue Injuries and Fractures \$210**
Indicate choice by preference 1st _____ 2nd _____ \$ _____

- [708 – 709] Chemical Peels, Microdermabrasion, and Medical Aesthetic Skin Care for the Family Physician's Practice \$320**
Indicate choice by preference 1st _____ 2nd _____ \$ _____

- [710] Cosmetic Laser Procedures: Advanced Laser/Light Therapies \$240** \$ _____

- [711 – 712] Cosmetic Laser Procedures: Introductory \$240**
Indicate choice by preference 1st _____ 2nd _____ \$ _____

- [713 – 715] Cosmetic Use of Botulinum Toxin Injections \$240**
Indicate choice by preference 1st _____ 2nd _____ 3rd _____ \$ _____

- [716] ECG Analysis: Advanced \$280** \$ _____

- [717 – 718] ECG Analysis: Introduction \$280**
Indicate choice by preference 1st _____ 2nd _____ \$ _____

- [719] Evidence-based Manual Medicine for Patients with Low Back Pain \$280** \$ _____

- [720] Evidence-based Manual Medicine for Patients with Neck Pain with or without Headache \$280** \$ _____

- [721 – 722] Hands-on Skills for the Team Physician (SMART) \$210** \$ _____
Indicate choice by preference 1st _____ 2nd _____ \$ _____

- [723 – 725] Joint Injection and Aspiration \$210**
Indicate choice by preference 1st _____ 2nd _____ 3rd _____ \$ _____

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- [726 – 727] Nail Procedures \$140**
 Indicate choice by preference 1st _____ 2nd _____ \$ _____

- [728 – 729] Procedures in Women's Health I \$210**
 Indicate choice by preference 1st _____ 2nd _____ \$ _____

- [730 – 731] Procedures in Women's Health II \$210**
 Indicate choice by preference 1st _____ 2nd _____ \$ _____

- [732] Soft-tissue Surgery: Advanced \$280** \$ _____

- [733] Soft-tissue Surgery: Basic \$280** \$ _____

- [734 – 735] Spirometry and Respiratory Devices \$210**
 Indicate choice by preference 1st _____ 2nd _____ \$ _____

- [736] Treating Skin Lesions with Cyrosurgery and Electrosurgery [Lecture] \$245**
 Follow-up breakout choice [737-738] 1st _____ 2nd _____ \$ _____

- [739] Treatment of Actenic Keratosis and Photodamaged Skin with Photodynamic Therapy \$240** \$ _____

- Total Part II** \$ _____

Part III – Guest Tours

Choose your event(s) from www.aafp.org/assembly, and list them below, along with the price and quantity of tickets required.

Guest Tours [900 – 916]

Event #	# of Tickets	Event Price	Subtotal
# _____	_____	X \$ _____	= _____
# _____	_____	X \$ _____	= _____
# _____	_____	X \$ _____	= _____
# _____	_____	X \$ _____	= _____

Total Part III \$ _____

Part IV – Assembly Celebration — Saturday, September 20

The Blue Man Group

Attendees may request one (1) complimentary ticket. Additional tickets may be purchased for \$40.

- [950] I would like to request 1 complimentary ticket.
- [951] I would like to purchase _____ tickets at \$40 each.

Total Part IV \$ _____

If faxing, please include name and daytime phone number: _____

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Part V – Additional Events

- Please register me for the New Physicians Luncheon, Wednesday, September 17. *(For Active, Inactive and International members who have completed their family medicine residency training between 2001 and 2008.)*

For information and to register for the 5K Family Fun Run/Walk, please go to www.aafp.org/assembly/funrun.

Part VI – Guest Registration

For family members or significant other only (limited to four). Additional guests may be added on-site for a \$25 administrative fee. Office personnel/staff must register as attendees. Guest attendees cannot purchase or report CME hours. Please provide only first and last name of guest.

1. _____
2. _____
3. _____
4. _____

Part VII – Total Registration

Total amount due from Part I	\$ _____
Total amount due from Part II	\$ _____
Total amount due from Part III	\$ _____
Total amount due from Part IV	\$ _____
Total amount enclosed	\$ _____

Method of Payment

To expedite registration processing, credit card payment is preferred. Please print clearly to avoid delay in processing your registration. **REGISTRATION FORMS WILL BE ACCEPTED ONLY WHEN ACCOMPANIED BY FULL PAYMENT.**

- MasterCard Visa American Express
 Discover Check Enclosed

Card Number: _____

Exp. Date: _____

Cardholder name: _____
Please print

Signature: _____

Credit Card: Your signature above authorizes the AAFP to charge your credit card for the total amount above. If your registration fees are totaled incorrectly, the AAFP will make the necessary adjustments and charge your credit card accordingly. **Fax to (913) 906-6075**

Check: Please make payable to the American Academy of Family Physicians, drawn on a U.S. Bank in U.S. Dollars, and return to: **Registration Services Dept., 11400 Tomahawk Creek Parkway, Leawood, KS 66211-2680**

Cancellation Policy: The AAFP must receive notice of cancellation by August 27, 2008. Requests for full cancellation will be refunded less a \$50 administrative fee. Please visit www.aafp.org/assembly/register to view the complete cancellation policy.

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