

Satellite Event Questionnaire

September 17 – 21, 2008

Deadline is July 16, 2008

Please complete and submit no later than July 16, 2008. Information listed must be final arrangements. This information will be used on all 2008 AAFP Satellite listings.

Event Title: _____

Type of Event

CME Event Promotional Event Focus Group

Date: _____ A.M. Event Wed. Lunchtime event P.M. Event

Registration Start Time: _____ Food Function Start Time: _____

Event Start Time: _____ Event Conclusion Time: _____

Event Location (hotel): _____ Room Name: _____

CME Provider or Sponsor of the Event: _____

Supporter(s): _____

Activity Organizer: _____

Who May Attend This Event?: _____

Will shuttle service be provided for event? Yes No

To attend this event, the registrant should (check all that apply):

RSVP

On-site registration (if space is available)

Other: _____

List registration information (phone number, web site, etc.): _____

On-site Contact: (CME, Focus Group, and Promotional Events: This person will be contacted by the AAFP if there are questions about the event.)

Name: _____ Cell Phone: _____



Send questionnaire by faxing or mailing no later than July 16, 2008 to:

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