

COURSE REGISTRATION

Selected Topics in Internal Medicine

November 12 - 15, 2014
Tropicana Las Vegas • Las Vegas, Nevada

Register online at www.aafp.org/internalmed/vegas

AAFP Member ID #: _____

Name: _____

Nickname (badge purposes): _____

Degree: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail (REQUIRED): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Registration Fees

	On or Before 10/15/14	After 10/15/14
<input type="checkbox"/> AAFP Member (Active, International, Inactive, Life, Supporting)	\$895	\$995
<input type="checkbox"/> AAFP New Physician Member	\$820	\$920
<input type="checkbox"/> AAFP Student/Resident Member	\$645	\$745
<input type="checkbox"/> Allied Health Professional (RN, PA-C, NP, Etc.)	\$895	\$995
<input type="checkbox"/> Nonmember (Physician, Student, Resident)	\$1,195	\$1,295

GO Green! with AAFP

The AAFP is focused on providing the best course resources available, while reducing environmental impact. Your registration fee includes access to course materials online, which are available approximately one week prior to the course start date. Additional information and instructions will be provided by email. If you wish to purchase a printed, black and white copy of the syllabus, please check the box below. You will still have access to course materials online.

☐ (901) Syllabus hard copy – \$60.

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

OPT IN

- ☐ (998) I want to have my name, city and state included in attendee lists.
☐ (999) I want to be included on the list provided to exhibitors, supporters and in-kind supporters who may provide follow-up communications following the course.

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 October 22, 2014. 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 available at www.aafp.org/internalmed/vegas or call the hotel at (888) 381-8767. Don't forget the deadline is October 15, 2014.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

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@aafp.org