

COURSE REGISTRATION

KSA Working Groups

Register online at www.aafp.org/ksa

AAFP Member ID #: _____

Name: _____

Nickname (badge purposes): _____

Degree: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email (REQUIRED): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Registration — Includes a hard copy syllabus and online access to course materials which will be available approximately one week before the course. Additional information and instruction will be provided by email.

(See individual course pages for pricing.)

Session Topic _____

Date _____

Reg Fee \$ _____

Session Topic _____

Date _____

Reg Fee \$ _____

Session Topic _____

Date _____

Reg Fee \$ _____

Session Topic _____

Date _____

Reg Fee \$ _____

Disclaimer: If you register for this meeting at the discounted member registration fee, you will be required to be an AAFP member on the date of the meeting. If you are no longer a member on the date the meeting starts, you will be asked to remit payment of the nonmember registration fees that were in place at the time you registered or to reinstate your AAFP membership by paying applicable dues.

☐ (200) I have checked with the ABFM to confirm that I am eligible to participate in this Self Assessment activity.

Special Needs

If you have physical restrictions, please mark the appropriate boxes below.

☐ (952) Wheelchair Accessibility

☐ (953) Lactation Room

☐ (954) Hearing Impaired

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: _____ CVV: _____

Signature: _____

Photography and recording

The AAFP may take photographs and/or record audio and video at this event. By attending, you consent to the use of any photographs, audio, and video recordings of you by the AAFP and its designees in AAFP communications and promotions, or for any other lawful purpose.

The AAFP must receive notice of cancellation no later than 21 days prior to the start of the meeting. 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?
Don't forget the deadline. Hotel information
is available at www.aafp.org/ksa.**



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Return with payment or call:
American Academy of Family Physicians
Attn: Member Resource Center

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