

# COURSE REGISTRATION

## SAM Working Groups

Register online at [www.aafp.org/sams](http://www.aafp.org/sams)

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 \$ \_\_\_\_\_

Session Topic \_\_\_\_\_

Date \_\_\_\_\_

Reg Fee \$ \_\_\_\_\_

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

To complete the SAM process and earn CME, you must also complete the clinical simulation on the ABFM website within one year (separate fee to the ABFM required).

### 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: \_\_\_\_\_

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](http://www.aafp.org/cmecancellations).**

**Have you made your hotel reservation?  
Don't forget the deadline. Hotel information is  
available at [www.aafp.org/sams](http://www.aafp.org/sams).**



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS

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

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