

FMIG 2019 National Conference Informational Meeting

Submission Form

INSTRUCTIONS

Please complete the following to be eligible to receive funds from the AAFP for your FMIG-hosted National Conference informational meeting. Submit this form and the attendee list to the AAFP at the address below.

*FMIG name: _____

Medical school: _____

Regional Campus (if applicable): _____

FMIG student leader primary contact:

FMIG student leader primary contact email address:

FMIG faculty advisor primary contact:

FMIG faculty advisor primary contact email address:

FMIG faculty advisor signature:

I verify that all funds provided by the AAFP will be used as reimbursement for the FMIG-hosted 2019 National Conference informational meeting.

Make check payable to:

Tax Identification Number: _____

Mail check to:

To be eligible for \$100, all eligibility criteria must be fulfilled. Please check all completed criteria.

- ☐ Family medicine specialty interest groups at all medical schools are eligible to participate.
- ☐ Presented the AAFP National Conference powerpoint presentation at an FMIG meeting during spring 2019.
- ☐ Submitted a copy of attendees to the AAFP.
- ☐ Signed submission form submitted to the AAFP no later than **May 15, 2019**.

*** WWAMI Region — Please specify state.**

Other questions, please contact Mary Harwerth at ncpromo@aafp.org.



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