

REGISTRATION FORM

Residency Leadership Summit

March 25-27, 2022

Special Programming March 24, 2022

Register online at
www.aafp.org/rls

AAFP Member ID #: _____

Name: _____

Degree: _____

Residency Program (to appear on badge): _____

ACGME Program Number: _____

AOA#: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email (REQUIRED): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Registration Fees

	On or before February 24	After February 24
<input type="checkbox"/> Member and Nonmember	\$595	\$695
<input type="checkbox"/> Residents	\$195	\$195

ACGME Osteopathic Recognition

My program has ACGME Osteopathic Recognition.

Please check one box that best describes your current position (REQUIRED):

- Program Director
- Associate Program Director
- Nurse
- Resident
- Faculty
- Administrator/Coordinator
- Other GME Team Member

Opt-in

- I want to have my name, city, and state included in attendee lists.
- 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.

SPECIAL PROGRAMMING/OPTIONAL ADD-ON SESSIONS

Residency Administrative Development (RAD) Workshop

Presented by the Association of Family Medicine Administration (AFMA)

Thursday, March 24 – 8 a.m. to 5 p.m.

AFMA Members: \$200

Non-AFMA Members: \$250

Residency Program Solutions

Strategies for Implementing New Program Requirements

\$200 | Thursday, March 24 – 2:30 to 4:30 p.m.

Medication for Opioid Use Disorder (MOUD) Training

\$0 | Thursday, March 24 – 3 to 5 p.m.

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

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 not 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.

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: _____



Return to: American Academy of Family Physicians
Attn: Member Resource Center
11400 Tomahawk Creek Parkway, Leawood, KS 66211
p: (800) 274-2237 f: (913) 906-6075
aafp@aafp.org

The AAFP must receive notice of cancellation no later than March 4, 2022. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy online at www.aafp.org/cmecancellations.