

COURSE REGISTRATION

Direct Primary Care Workshop • March 11, 2017
Hilton Garden Inn Atlanta Airport North • Atlanta, GA

Register online at
www.aafp.org/dpc-workshops

AAFP Member ID #: _____

Name: _____

Nickname (badge purposes): _____

Degree: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail (REQUIRED): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Registration

	On or Before 2/10/17	After 2/10/17
<input type="checkbox"/> AAFP Member Registration Fee	\$395	\$595
<input type="checkbox"/> Nonmember Registration Fee	\$595	\$795

- 1) What stage is your practice in transitioning to a DPC model?
 - (201) Researching to see if the model would be a viable option for me
 - (202) Beginning stage of opening a new practice
 - (203) Beginning stage of transitioning my current practice
 - (204) Currently transitioning my practice
 - (205) Currently working in a DPC practice model
- 2) What is your current employment status?
 - (206) In residency
 - (207) Employed practicing physician
 - (208) In an administrative function within a larger system
 - (209) Solo/Small practice owner
 - (210) Partial owner
- 3) What is the current size of your practice?
 - (211) Solo physician
 - (212) 2-5 physicians
 - (213) 5+ physicians
- 4) What statement best describes your practice?
 - (214) My practice is formally recognized as a PCMH
 - (215) We have many PCMH functions but not formally recognized
 - (216) We are currently transforming to a PCMH
 - (217) We are considering transformation to a PCMH
 - (218) Not interested or considering transforming to PCMH

Course Materials

Your registration fee includes one-year access to the DPC Toolkit, which will be available approximately one week prior to the course start date. Additional information and instructions will be provided by email. A hard copy of the toolkit materials will be available on-site, excluding the calculators.

Special Needs

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

- (950) Vegetarian
- (951) Gluten Free
- (952) Wheelchair Accessibility
- (953) Lactation Room
- (954) Hearing Impaired

OPT IN

- (998) I want to have my name and mailing address included in attendee lists.

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/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 communications and promotions, or for any other lawful purpose.

The AAFP must receive notice of cancellation no later than February 17, 2017. 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? Book your room by February 8, 2017, for discounted rate. Contact the hotel at (877) 782-9444.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Return with appropriate payment or call:

American Academy of Family Physicians

Attn: Member Resource Center

11400 Tomahawk Creek Parkway, Leawood, KS 66211

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