

COURSE REGISTRATION

Family Medicine Advocacy Summit

May 21-22, 2018

Washington Court Hotel • Washington, DC

aafp.org/fmas

AAFP Member ID # (if applicable): _____

Name: _____

Nickname (badge purposes): _____

Degree: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Fax: _____

Email (REQUIRED): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Special Needs (list exactly as such)

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

(950) Vegetarian

(951) Gluten Free

(952) Wheelchair Accessibility

(953) Hearing Impaired

(954) Lactation Room

Method of Payment

Please enclose check or provide credit card information for the total fee. (Payment must accompany this form to ensure participation in this course.)

Visa MasterCard Discover American Express

Check enclosed (payable to AAFP)

Name on Card: _____

Card Number: _____

Exp Date: _____ CVV: _____

Signature: _____

TOTAL: _____

Registration Fees

	On or before 4/6/18	After 4/6/18
<input type="checkbox"/> General Attendee	\$250	\$300
<input type="checkbox"/> Students/Residents	\$150	\$150

Work Setting

Please check the box that describes your current work setting.

- (101) Private Practice
- (102) Private Practice with Precepting
- (103) Medical School Department
- (104) Residency Program
- (105) Other

The AAFP must receive notice of cancellation no later than April 27. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy at www.aafp.org/cmecancellations.

Have you made your hotel reservation? Hotel information is available at www.aafp.org/fmas, or call the hotel at (800) 321-3010 or (202) 628-2100. Don't forget the deadline is April 20, 2018.



Return with payment or call:

American Academy of Family Physicians

Attn: Member Resource Center

11400 Tomahawk Creek Parkway, Leawood, KS 66211

Phone: (800) 274-2237 • Fax: 913-906-6075 • Email: aafp@aafp.org

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