

AAFP FAMILY MEDICINE EXPERIENCE (FMX) Satellite CME Symposium Application September 24-28, 2019 • Philadelphia, PA

Providers planning to hold a Satellite CME Symposium must complete this application and agree to adhere to AAFP Guidelines for Satellite CME Symposiums.

Title of Event: _____

Provider:

(Organization e.g., hospital, university, etc, responsible for the overall event.)

Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Event sponsor(s):

(List name/company as it should be acknowledged in contractual and print material.)

Secondary sponsor(s):

(List name/company as it should be acknowledged in contractual and print material.)

Please indicate below your first and second choice of an event time:

	Tuesday Sept. 24, 2019		Wednesday Sept. 25, 2019		Thursday Sept. 26, 2019	
	1st	2nd	1st	2nd	1st	2nd
Breakfast (6-7:30 a.m.)	-	-	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Lunch (11:30 a.m.-1 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Dinner (6:30-8 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____

Print name: _____

STP18101565



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