

Application to Hold a Satellite CME Event

FMX • Orlando, FL

September 20–24, 2016

Providers planning to hold a Satellite CME Event during the FMX must complete this application and agree to adhere to AAFP Guidelines for Satellite CME Events.

Topic 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 1st and 2nd choice of an event time:

	Tuesday Sept. 20, 2016		Wednesday Sept. 21, 2016		Thursday Sept. 22, 2016	
	1st	2nd	1st	2nd	1st	2nd
Breakfast (6-8 a.m.)	-	-	<input type="checkbox"/>	<input type="checkbox"/>	<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: _____



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