

AAFP FAMILY MEDICINE EXPERIENCE (FMX) Satellite CME Symposium Application San Antonio, TX • September 12–16, 2017

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

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 first and second choice of an event time:

	Tuesday Sept. 12, 2017		Wednesday Sept. 13, 2017		Thursday Sept. 14, 2017	
	1st	2nd	1st	2nd	1st	2nd
Breakfast (6-7:30 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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