

REGISTRATION FORM

AAFP Family Medicine Experience (FMX)

Ernest N. Morial Convention Center • New Orleans, LA • Tuesday, October 9–Saturday, October 13, 2018

Please print the following information:

AAFP ID # (if applicable): _____

Name: _____

Nickname for badge: _____

Degree: _____

Address: _____

City, State, Country, ZIP: _____

Business Phone: _____

Fax: _____

Email (for confirmation): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

**Register online at
www.aafp.org/fmx**

**Early Bird: July 27
Advance Registration:
September 5**

All 2018 FMX meeting materials, badges, tickets, and promotional mailings from exhibitors will be mailed to this address.

Opt-out Options

You can opt out of receiving promotional mailings from exhibitors and sponsors of satellite event activities; not include your email address in your contact information; and/or not include your name, city, and state from the attendee list:

- [960] I do not wish to receive promotional postal mailings from exhibitors before and after FMX.
- [961] I do not wish to receive promotional postal mailings from sponsors of satellite activities/events before and after FMX.
- [962] Do not provide my email address to exhibitors I visit.
- [963] Do not include my name, city, state, residency program, and AAFP Member Interest Group(s) in the FMX attendee list published in the mobile app and on the website.

Part I – Registration Fee

FMX Fee Schedule

| Check appropriate box | Registration category | Early Bird received by July 27 | Advance received by Sept. 5 | After Sept. 5 on-site fees apply |
|--|---|--------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> | AAFP Member (Active, International, Supporting) | \$795 | \$895 | \$995 |
| <input type="checkbox"/> | AAFP New Physician Member | \$745 | \$845 | \$945 |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | AAFP Life Member AAFP Inactive Member Resident Student | \$100 | \$100 | \$100 |
| <input type="checkbox"/> | Allied Health Professional (RN, NP, PA, etc.) | \$795 | \$895 | \$995 |
| <input type="checkbox"/> | Physician Nonmember | \$995 | \$1,095 | \$1,195 |
| <input type="checkbox"/> <input type="checkbox"/> | Chapter Executive Chapter Staff | \$0 | \$0 | \$0 |

Discount code (if applicable): _____

Total Amount Due from Part I: \$ _____

continued ...



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Part II – FMX On Demand—Upgrade

Purchase FMX On Demand—Upgrade for 75 self-study credits in addition to the 25 self-study credits included in your registration.

Total Amount Due from Part II: \$ _____

| Number of tickets | Session Number | Ticket Type | Price | Total Cost |
|-------------------|----------------|--|--------------------|------------|
| | OND | FMX On Demand Upgrade | Member \$395 | \$ |
| | OND | FMX On Demand Upgrade | Nonmember \$595 | \$ |
| | FD1 | Flash Drive <i>(On Demand Upgrade required to purchase the flash drive)</i> | \$60 | \$ |

Part III – FMX Celebration

Friday, October 12 | 7-11 p.m.

Unwind after a week of learning and networking at the FMX Celebration with exclusive access to the National WWII Museum, ranked second in the world and nation in the 2017 TripAdvisor Travelers' Choice awards for museums. The six-acre campus is filled with historical exhibits and interactive features. You'll also enjoy live music and dancing. Transportation is provided and food and beverage are available for purchase.

Total Amount Due from Part III: \$ _____

| Number of tickets | Session Number | Ticket Type | Price | Total Cost |
|-------------------------------------|----------------|---|-------|------------|
| <input type="checkbox"/> (Max 1) | 935 | Attendee <i>(select prior to purchasing guest tickets)</i> | \$0 | \$0 |
| | 936 | Guest Ticket <i>(Ages 5 and older)</i> | \$30 | \$ |
| | 937 | Guest Ticket <i>(under 5 are free)</i> | \$0 | \$ |

Your registration includes one ticket to the event. (You must select #935 above)

Part IV – AAFP Foundation VIP Benefit Friday, October 12 • 5:30–8 p.m.

Enjoy a private evening of Louisiana cuisine, cocktails, and dancing at the AAFP Foundation Benefit, held at the National WWII Museum prior to the FMX Celebration. Proceeds from this charitable event benefit the humanitarian, education, and scientific programs of the AAFP Foundation.

Total Amount Due from Part IV: \$ _____

| Number of tickets | Session Number | Name | Price | Total Cost |
|-------------------|----------------|-----------------------------|-------|------------|
| | 943 | AAFP Foundation VIP Benefit | \$300 | \$ |

Part V – AAFP Foundation Lapel Pin

Get your 2018 FMX Lapel Pin and support your AAFP Foundation. For a minimum donation of \$15, you can support important philanthropic work. This year's pin proceeds will benefit the AAFP Foundation humanitarian program, *Family Medicine Cares*.

Total Amount Due from Part V: \$ _____

| Quantity of Lapel Pins | Session Number | Name | Price | Total Cost |
|------------------------|----------------|---------------------------|-------|------------|
| | 945 | AAFP Foundation Lapel Pin | \$15 | \$ |

Part VI – New Orleans AAFP Community Service Day

Tuesday, October 9 | 8 a.m.–Noon

New Orleans has flourished in the aftermath of Hurricane Katrina, but there is much work to be done with environmental sustainability, neighborhood revitalization, education, and more. Help ensure the AAFP leaves a lasting impact on the FMX host city through various community service activities. FMX attendees will make a difference in a concentrated area of New Orleans by working in schools, community centers, and local parks and streets. This is not only a great way to give back, but also to learn about New Orleans, yourself, and your peers. Continental breakfast, box lunch, and t-shirt are included in activity registration.

939 Community Service Day \$40

939S Small Tshirt 939M Medium Tshirt 939L Large Tshirt 939XL XL Tshirt 9392X 2XL Tshirt 9393X 3XL Tshirt

Total Amount Due from Part VI: \$ _____

If faxing, please include name and daytime phone number: _____

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Part VII — Clinical Procedural Workshops

Gain hands-on experience with common procedural techniques with input from expert faculty. At least 50% of course time is devoted to practicing skills. Limited seating is available, so reserve your spot now. Extra fee applies.

| Check appropriate box | Session Number | 2015 FMX Procedures | Price | Day | Time | Rank times by Preference |
|--------------------------|----------------|---|-------|-------|-------------------|--------------------------|
| <input type="checkbox"/> | CME400 | Acne Treatment and Procedures | \$320 | Tues | 12:45–5 p.m. | |
| | CME401 | | | Wed | 7:45 a.m.–12 p.m. | |
| <input type="checkbox"/> | CME402 | Aesthetic Dermal Filler Injections for Facial Rejuvenation | \$240 | Thurs | 8–11 a.m. | |
| <input type="checkbox"/> | CME403 | Botulinum Injections for Cosmetic Rejuvenation and Medical Application (Advanced) | \$160 | Sat | 8–10 a.m. | |
| <input type="checkbox"/> | CME404 | Botulinum Injections for Cosmetic Rejuvenation (Fundamentals) | \$160 | Thurs | 2–4 p.m. | |
| | CME405 | | | Fri | 12:45–2:45 p.m. | |
| | CME406 | | | Fri | 3:15–5:15 p.m. | |
| <input type="checkbox"/> | CME407 | Dermoscopy Workshop for Skin Cancer Diagnosis | \$240 | Fri | 12:15–3:15 p.m. | |
| | CME408 | | | Sat | 8–11 a.m. | |
| <input type="checkbox"/> | CME409 | Dermoscopy Workshop for Skin Cancer Diagnosis with online module | \$240 | Thurs | 1–4 p.m. | |
| <input type="checkbox"/> | CME410 | ECG Workshop Advanced | \$320 | Thurs | 7:45 a.m.–12 p.m. | |
| <input type="checkbox"/> | CME411 | ECG Workshop: The Fundamentals | \$320 | Tues | 12:45–5 p.m. | |
| <input type="checkbox"/> | CME412 | ECG Workshop: The Fundamental with online module | \$320 | Wed | 7:45 a.m.–12 p.m. | |
| <input type="checkbox"/> | CME413 | Electrosurgery and Cryosurgery | \$240 | Tues | 1–4 p.m. | |
| <input type="checkbox"/> | CME414 | Insertions and Removals of IUDs and Contraceptive Implants: Fundamentals | \$160 | Thurs | 8:30–10:30 a.m. | |
| | CME415 | | | Thurs | 12:45–2:45 p.m. | |
| <input type="checkbox"/> | CME416 | Insertions and Removals of IUDs and Contraceptive Implants: Advanced with online module | \$160 | Fri | 7–9 a.m. | |
| <input type="checkbox"/> | CME417 | Intro to Acupuncture/Manipulation Techniques for Pain Management | \$240 | Tues | 1:30–4:30 p.m. | |
| | CME418 | | \$240 | Wed | 8:30–11:30 a.m. | |
| <input type="checkbox"/> | CME419 | Musculoskeletal Injections: Joint and Soft Tissue Injections | \$240 | Tues | 1:30–4:30 p.m. | |
| | CME420 | | | Thurs | 8–11 a.m. | |
| | CME421 | | | Thurs | 1:30–4:30 p.m. | |
| | CME422 | | | Fri | 2–5 p.m. | |
| <input type="checkbox"/> | CME423 | Nail Procedures: Best Practices and Updates | \$160 | Fri | 7–9 a.m. | |
| | CME424 | | | Fri | 2:30–4:30 p.m. | |
| | CME425 | | | Sat | 9–11 a.m. | |
| <input type="checkbox"/> | CME426 | Sideline Management Assessment Response Techniques (SMART) | \$320 | Thurs | 7:45 a.m.–12 p.m. | |
| <input type="checkbox"/> | CME427 | Soft Tissue Surgery: Advanced | \$320 | Thurs | 12:45–5 p.m. | |
| | CME428 | | | Fri | 12:45–5 p.m. | |
| <input type="checkbox"/> | CME429 | Soft Tissue Surgery: Fundamentals | \$320 | Wed | 7:45 a.m.–12 p.m. | |
| | CME430 | | | Thurs | 7:45 a.m.–12 p.m. | |
| <input type="checkbox"/> | CME431 | Splinting, Casting, Wrapping, and Taping | \$320 | Tues | 1–5:15 p.m. | |
| | CME432 | | | Wed | 7:45 a.m.–12 p.m. | |
| <input type="checkbox"/> | CME433 | Ultrasound Guided Joint Injections | \$265 | Tues | 1:30–4:30 p.m. | |
| | CME434 | | | Wed | 8–11 a.m. | |
| <input type="checkbox"/> | CME435 | Ultrasound of the Aorta, IVC and Renal/Bladder with online module | \$350 | Thurs | 7:30–11:45 a.m. | |
| | CME436 | | | Fri | 12:45–5 p.m. | |
| <input type="checkbox"/> | CME437 | Ultrasound of the Liver, Gallbladder, Spleen and Peritoneal Cavity with online module | \$350 | Thurs | 12:45–5 p.m. | |
| | CME438 | | | Sat | 7:30–11:45 a.m. | |

Total Amount Due from Part VII: \$ _____

If faxing, please include name and daytime phone number: _____ FMX18020220

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Part VIII – Guest Registration

The AAFP considers your family or significant other to be your guest (limited to four). Additional guests may be added on site for a \$25 administrative fee. Office personnel/staff must register as Allied Health Professional attendees. Guest attendees cannot attend, purchase, or report CME events/hours. Out of consideration of others, please do not bring children to CME events.

1. _____

3. _____

2. _____

4. _____

Part IX – Total Registration

Total amount due from Part I \$ _____

Total amount due from Part II \$ _____

Total amount due from Part III \$ _____

Total amount due from Part IV \$ _____

Total amount due from Part V \$ _____

Total amount due from Part VI \$ _____

Total amount due from Part VII \$ _____

Total amount enclosed \$ _____

CANCELLATION POLICY:

The AAFP must receive notice of cancellation by September 18, 2018.
Requests for full cancellation will be refunded less a \$50 administrative fee.
To view the complete cancellation policy, please visit www.aafp.org/fmx.

SPECIAL ASSISTANCE

Wheelchair/Scooter Rentals

If you need help getting around the convention center, you may order a scooter in advance of the meeting for an additional fee. Visit www.aafp.org/fmx for more information.

Additional Needs

If you or a guest needs hearing or vision assistance in order to participate fully in FMX activities, please let us know at least two weeks in advance.

Contact us: (800) 274-2237, (913) 906-6000, or aafp@aafp.org.

PHOTOGRAPHY AND RECORDING

The AAFP may take photographs and/or record audio and video at this event. By attending, you consent to the use of photographs, audio, and video recordings of you by the AAFP and its designees in AAFP communications and promotions, or for any other lawful purpose.

Membership Disclaimer

If you register for this meeting at the discounted member registration fee, you will be required to be an AAFP member on the date of the meeting. If you are no longer a member on the date the meeting starts, you will be asked to remit payment of the nonmember registration fees that were in place at the time you registered or to reinstate your AAFP membership by paying applicable dues.

Part IX – Method of Payment

To expedite registration processing, credit card payment is preferred. Please print clearly to avoid delay in processing your registration.

Registration forms will be accepted only when accompanied by full payment.

MasterCard Visa American Express Discover Check Enclosed

Card Number _____

Security Code _____

Card Holder Name _____

Expiration (MM/YY) _____

Signature: _____

Credit Card: Your signature above authorizes the AAFP to charge your credit card for the total amount above. If your registration fees are totaled incorrectly, the AAFP will make the necessary adjustments and charge your credit card accordingly. **Fax to (913) 906-6075**

Check: Please make payable to the American Academy of Family Physicians, drawn on a U.S. Bank in U.S. Dollars, and return to:
AAFP Member Resource Center, 11400 Tomahawk Creek Parkway, Leawood, KS 66211-2680

If faxing, please include name and daytime phone number: _____

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