

To reduce possible errors, complete this form online. Print and fax.

COURSE REGISTRATION

Family Medicine Global Health Workshop

September 8-10, 2016 | Hyatt Regency Atlanta • Atlanta, Georgia

For more information or to register online, visit www.aafp.org/ghw

AAFP Member ID #: _____

Name: _____

Nickname (badge purposes): _____

Degree: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email (REQUIRED): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Guest Meals

A limited number of lunch tickets will be available for guests at an additional fee. *Only paid registrants may attend the educational sessions.*

(001) Guest Lunch for September 8

\$70 x # _____ of guest(s) = _____ total

Special Needs

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

OPT IN

(998) I want to have my name, city and state included in attendee lists.

(999) I want to be included on the list provided to exhibitors, supporters and in-kind supporters who may provide follow-up communications following the course.

Registration Fees

On or Before 7/15/16 After 7/15/16

<input type="checkbox"/> AAFP Member <i>(Active, New Physician, International, Life, Supporting)</i>	\$510	\$560
<input type="checkbox"/> AAFP Resident Member	\$410	\$460
<input type="checkbox"/> Student	\$200	\$200
<input type="checkbox"/> Allied Health Professional <i>(RN, PA-C, NP, Etc.)</i>	\$540	\$590
<input type="checkbox"/> Nonmember <i>(Physician, Resident)</i>	\$560	\$610

First-time Attendee

(963) I am a first-time attendee.

Preconference Information

Visit www.aafp.org/ghw for additional information.

- Best Practices in Global Health Experience for Students and Residents**
Wednesday, September 7 | 1:00-5:00 p.m. | \$75
- Project Management 102: Planning Ahead for Success Abroad**
Wednesday, September 7 | 1:00-5:00 p.m. | \$75
- Introduction to Point -of-Care Ultrasound for the Global Health Provider**
Wednesday, September 7 | 1:00-5:00 p.m. | \$90
- Refugee/Immigrant Health**
Wednesday, September 7 | 1:00-5:00 p.m. | \$75

Method of Payment

Enclose check or indicate credit card information for the registration fee. **(Payment is expected to accompany this form.)**

Visa Mastercard Discover American Express

Check enclosed **(payable to AAFP)**

Total due: \$ _____

Name on Card: _____

Card Number: _____

Exp Date: _____

Signature: _____

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 any photographs, audio, and video recordings of you by the AAFP and its designees in AAFP communications and promotions, or for any other lawful purpose.

The AAFP must receive notice of cancellation no later than August 18, 2016. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy online at www.aafp.org/cmecancellations.

HAVE YOU MADE YOUR HOTEL RESERVATION?
Hotel information available at
www.aafp.org/ghw. Don't forget
the deadline is August 11, 2016.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Return with appropriate 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

Center for Global
Health Initiatives