

FMIG 2013 National Conference Information Meeting

Submission Form

INSTRUCTIONS

Please complete the following to be eligible to receive funds from the AAFP for FMIG National Conference information meetings. Submit this form and the attendee list to the AAFP at the address below.

*FMIG name: _____

Medical school: _____

Regional Campus (if applicable): _____

FMIG student leader primary contact:

FMIG student leader primary contact e-mail address:

FMIG faculty advisor primary contact:

FMIG faculty advisor primary contact e-mail address:

FMIG faculty advisor signature:

I verify that all funds provided by the AAFP will be used as reimbursement for the FMIG 2013 National Conference information meeting.

Make check payable to:

Tax Identification Number: _____

Mail check to:

To be eligible for \$100, all eligibility criteria must be fulfilled. Please check all completed criteria.

- **Recognized as an established student interest group by an LCME accredited medical school.
- Presented the AAFP National Conference powerpoint presentation at an FMIG meeting between February 1 and April 30, 2013.
- Submitted a copy of attendees to the AAFP.
- Signed submission form submitted to the AAFP no later than **May 6, 2013**.

** WWAMI Region — Please specify state.*

*** Family Medicine Interest Groups at accredited Osteopathic and Canadian medical schools are NOT eligible to apply.*

**Other questions, please contact
Ashley Bentley at ncpromo@aafp.org.**



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Ashley Bentley, Division of Medical Education
American Academy of Family Physicians
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2680
Phone: 800.274.2237, Ext. 6725
Email: ncpromo@aafp.org
Fax: 913.906.6289

