



Workshop Faculty Form
Deadline: April 1, 2015

Title of Workshop: _____

Workshop Faculty:

Please print or type each name and title *exactly* how you would like it to appear in the official program. Please be specific.

Example: John Doe, MD, Associate Professor, Sports Medicine Program, Department of Family Practice, University of Washington; Private Practice, Sports and Spine Physicians, Seattle, Washington

Speaker #1

Name: _____

Academic/Professional Title: _____

Institution/Program/Company: _____

City: _____ State: _____

Speaker #2

Name: _____

Academic/Professional Title: _____

Institution/Program/Company: _____

City: _____ State: _____

Speaker #3

Name: _____

Academic/Professional Title: _____

Institution/Program/Company: _____

City: _____ State: _____

Speaker #4

Name: _____

Academic/Professional Title: _____

Institution/Program/Company: _____

City: _____ State: _____

Please return this form by *April 1, 2015* to:

Jenifer Scheibler
American Academy of Family Physicians
11400 Tomahawk Creek Pkwy
Leawood, KS 66211-2672
FAX: (913) 906-6289
Email: jscheibler@aafp.org