

FMIG 2016 National Conference Informational Meeting

Submission Form

INSTRUCTIONS

Please complete the following to be eligible to receive funds from the AAFP for your FMIG-hosted National Conference informational meeting. 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 email address:

FMIG faculty advisor primary contact:

FMIG faculty advisor primary contact email address:

FMIG faculty advisor signature:

I verify that all funds provided by the AAFP will be used as reimbursement for the FMIG-hosted 2016 National Conference informational 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 before April 29, 2016.
- Submitted a copy of attendees to the AAFP.
- Signed submission form submitted to the AAFP no later than **May 9, 2016**.

*** 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 Sam Carlson at ncpromo@aafp.org.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Mary Harwerth, Division of Medical Education
American Academy of Family Physicians
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2680
Phone: (800) 274-2237, ext. 6751
Email: ncpromo@aafp.org
Fax: (913) 906-6289

