

# REGISTRATION FORM

## Residency Leadership Summit

March 25-27, 2022  
Special Programming March 24, 2022

Register online at  
[www.aafp.org/rls](http://www.aafp.org/rls)

AAFP Member ID #: \_\_\_\_\_

Name: \_\_\_\_\_

Degree: \_\_\_\_\_

Residency Program (to appear on badge): \_\_\_\_\_

ACGME Program Number: \_\_\_\_\_

AOA#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email (REQUIRED): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Registration Fees	On or before February 24	After February 24
<input type="checkbox"/> Member and Nonmember	\$595	\$695
<input type="checkbox"/> Residents	\$195	\$195

### ACGME Osteopathic Recognition

My program has ACGME Osteopathic Recognition.

### Please check one box that best describes your current position (REQUIRED):

- Program Director  
 Associate Program Director  
 Nurse  
 Resident  
 Faculty  
 Administrator/Coordinator  
 Other GME Team Member

### Opt-in

- I want to have my name, city, and state included in attendee lists.  
 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.

### SPECIAL PROGRAMMING/OPTIONAL ADD-ON SESSIONS

#### Residency Administrative Development (RAD) Workshop Presented by the Association of Family Medicine Administration (AFMA)

Thursday, March 24 – 8 a.m. to 5 p.m.

- AFMA Members: \$200  
 Non-AFMA Members: \$250

#### Residency Program Solutions

##### Strategies for Implementing New Program Requirements

\$200 | Thursday, March 24 – 2:30 to 4:30 p.m.

#### Medication for Opioid Use Disorder (MOUD) Training

\$0 | Thursday, March 24 – 3 to 5 p.m.

**DISCLAIMERS** — 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 recording of you by the AAFP and its designees in AAFP communications and promotions, or for any other lawful purpose.

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 not 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.

### 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: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_



Return to: American Academy of Family Physicians  
Attn: Member Resource Center  
11400 Tomahawk Creek Parkway, Leawood, KS 66211  
p: (800) 274-2237 f: (913) 906-6075  
[aafp@aafp.org](mailto:aafp@aafp.org)

**The AAFP must receive notice of cancellation no later than March 4, 2022. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy online at [www.aafp.org/cmecancellations](http://www.aafp.org/cmecancellations).**