

# Spring Refresher Registration

Name: \_\_\_\_\_ Professional Designation (circle): M.D. D.O. Allied Professional \_\_\_\_\_

Send Confirmation To This Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Registraton Fees

Day(s) attending:  Thurs. April 15  Fri. April 16

	2 day	1 day	
<input type="checkbox"/> AAFP/MAFP Active Member	\$300	\$200	\$ _____
<input type="checkbox"/> MAFP Inactive or Life Member	\$100	\$50	\$ _____
<input type="checkbox"/> Non-Member	\$400	\$300	\$ _____
<input type="checkbox"/> Allied Professional	\$215	\$155	\$ _____
<input type="checkbox"/> Resident Member	Free	Free	No fee
<input type="checkbox"/> Resident Non-Member	\$35	\$35	\$ _____
<input type="checkbox"/> Student	Free	Free	No fee

## CME Handouts

All participants will receive CME handouts on a flashdrive with note-taking capability. If you would like a paper bound syllabus, you **must** request one below.

I would like a paper bound syllabus.  Yes  No

## Thursday CME Selections

Please indicate which track you are likely to attend. Your responses will be used to determine room sizes, but are not binding.

### Thursday Morning Tracks (Check one)

- Neurology Track: 10:30 a.m. - 12:00 p.m.**
- Pain Management Track: 10:30 a.m. - 12:00 p.m.**
- Pediatrics Track: 10:30 a.m. - 12:00 p.m.**

### Thursday Afternoon Tracks (Check one)

- Mental Health Track: 3:30 p.m. - 5:00 p.m.**
- Cardiology Track: 3:30 p.m. - 5:00 p.m.**
- Infectious Disease Track: 3:30 p.m. - 5:00 p.m.**

## Spring Refresher Lunches

A daily REGULAR lunch is provided with each paid registration.

- I have a special dietary need.
- Vegetarian  Other \_\_\_\_\_

Guest Lunches (\$20 each)

Thursday: \_\_\_\_\_ #Regular \_\_\_\_\_ #Vegetarian

Friday: \_\_\_\_\_ #Regular \_\_\_\_\_ #Vegetarian

No fee

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## Resident & Student Lunch

- Yes, I plan to attend the Resident/Student lunch at 12:05 p.m. on Thursday, April 15th.

## All-Member Celebration

Thursday, April 15, 2010 @ 5:15 p.m.

Do you plan to attend the ALL-MEMBER CELEBRATION on Thursday?  Yes  No  
(Free for MAFP members & those attending CME)

Guest Dinners (\$10 each) (Add to total payment)

Guest Name(s): \_\_\_\_\_

No fee

\$ \_\_\_\_\_

## Family Docs in Motion

- Yes, I will take steps for better health and participate in the fun run on Friday, April 16th at 6:15 a.m.

## Nursing Mother's Room

- Yes, I will need to use a nursing mother's room during the Spring Refresher.

## SAM Study Group - \$20

- Yes, I would like to participate in the SAM Study Group. I understand the MAFP will charge an additional \$20 registration fee to cover administrative costs. (Registration will be limited to 50 family physicians on a first come, first serve basis.)

\$ \_\_\_\_\_

*Important Note: Fees paid to the MAFP do not include the ABFM Maintenance of Certification (MC-FP) fees. Participants in MC-FP will be required to pay MC-FP fees in order to complete the Clinical Simulation portion of the SAM module.*

## Friday CME Selections

If you signed up for the SAM study group, only select a Friday afternoon track. You do not need to select a morning track.

### Friday Morning Tracks (Check one)

- Screening Track: 10:30 a.m. - 12:00 p.m.**
- Toxic Behaviors Workshop: 10:30 a.m. - 12:00 p.m.**
- Teaching Skills in the Office: 10:30 a.m. - 12:00 p.m.**

### Friday Afternoon Tracks (Check one)

- ENT Track: 1:15 p.m. - 2:45 p.m.**
- Obstetrical Track: 1:15 p.m. - 2:45 p.m.**
- Practice Transformation Track: 1:15 p.m. - 2:45 p.m.**

(For MAFP use only)

Check #: \_\_\_\_\_

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

Amount Paid: \_\_\_\_\_