AAFP CME COURSE REGISTRATION

Register online at www.aafp.org/livecme

LIVESTREAM

Please Register Me For:	Choose Your Session(s) List all sessions you wish to attend.	
Course title:	Session	Price
Reg type:	# Day/Time	\$
Date:	# Day/Time	\$
AAFP Member ID #:	# Day/Time	\$
Name:	# Day/Time	\$
Nickname (for badge purposes):	# Day/Time	\$
Degree:	# Day/Time	\$
Address:		
City, State, Zip:	Method of Payment Enclose check or indicate credit card	nformation for the registration fee.
Phone:	(Payment is expected to accompand	
Fax:	———— □ Check enclosed <i>(payable to AAFP)</i> Total due: \$	
E-mail (REQUIRED):		<u> </u>
Emergency contact name:	Card Number	Security Code
Emergency contact phone #:	Name on Card	Expiration (MM/YY)
	Signature:	

The AAFP must receive notice of cancellation no later than 21 days prior to the start of the meeting. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy online at www.aafp.org/cmecancellations.

Disclaimer: 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 no longer 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.

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