

**2015 AAFP National Conference of Family Medicine Residents & Medical Students**  
**July 30-August 1, Convention Center, Kansas City**

**FORMS DUE BY MAY 29, 2015 TO QUALIFY FOR A TENNESSEE AFP GRANT FOR NCFMRMS**

**Student Please Note:**

Please complete this American Academy of Family Physicians (AAFP) pre-registration form for the 2015 AAFP's National Conference of Family Medicine Residents and Medical Students (NCFMRMS) and return directly to Cathy Dyer at the Tennessee Academy of Family Physicians (TNAFP) office in Brentwood along with your completed TNAFP 'Confirmation of Attendance' form.

The Tennessee AFP will then mail your AAFP pre-registration form along with a TNAFP check to pay your basic registration fee (only) of \$165 to the AAFP office in Leawood, Kansas.

The Tennessee AFP only pays your basic pre-registration fee of \$165. If you wish to register your spouse/guest or register for optional workshops/ functions, you will need to include your check made to the American AFP or your credit card information for these charges with your pre-registration form when it is sent to the Tennessee AFP office in Brentwood.

Any questions, please contact Cathy Dyer, Executive Director, Tennessee Academy of Family Physicians:

By Phone: 1-800-897-5949; 615-370-5144 (Nashville Calling Area)

By Fax: 615-370-5199

By Email: [tnafp@bellsouth.net](mailto:tnafp@bellsouth.net)

**Deadline (FIRM) for the Tennessee AFP to receive your AAFP Registration Form and Tennessee AFP 'Confirmation of Attendance' form is May 29, 2015.**

**Please note: You are responsible for making your own hotel arrangements and travel arrangements.**



**NOTE: You are responsible for making  
your own Hotel and Travel arrangements.**

# REGISTRATION FORM (AAFP Members)

2015 National Conference of Family Medicine Residents and Medical Students

Kansas City, Missouri • July 30 – August 1, 2015

## Part 1 – Attendee Information

In order to expedite the registration process, please print the following information:

AAFP ID #: \_\_\_\_\_  
Not an AAFP member? Call the Contact Center to register at (800) 274-2237.

Registrant's name: \_\_\_\_\_

Nickname for badge (if applicable): \_\_\_\_\_

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

Name of school or residency **at time of conference**: \_\_\_\_\_

Anticipated Medical School Graduation Year or Residency Completion Year: \_\_\_\_\_

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

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

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

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

Email (for confirmation): \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact phone #: \_\_\_\_\_

## Part 2 – Registration Fees

	By July 2	After July 2	One-day Rate*
Student Member	<input type="checkbox"/> \$165	<input type="checkbox"/> \$215	<input type="checkbox"/> \$140
Resident Member	<input type="checkbox"/> \$190	<input type="checkbox"/> \$240	<input type="checkbox"/> \$165
Physician Member	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245	<input type="checkbox"/> \$170

(001) Spouse/guest name: \_\_\_\_\_

### **Return Both Pages of Registration Form BY MAY 29 To:**

**By Mail:** Cathy Dyer, Tennessee AAFP  
212 Overlook Circle, Suite 201  
Brentwood, TN 37027

**By Fax:** 615-370-5199

**By Email:** tnaafp@bellsouth.net

Year in school/residency **at time of conference** (check one):

- ☐ One (901)  
☐ Two (902)  
☐ Three (903)  
☐ Four (904)  
☐ Graduated, not yet matched (905)  
☐ Not applicable (906)

☐ (907) This is my first time attending National Conference:

☐ (908) I am a recipient of a scholarship or other financial support to attend.

I do not wish to receive pre- and post-conference communications from exhibitors:

☐ (909) Mail ☐ (924) Email

☐ (925) Do not include my name, city, and state in the attendee list published in the mobile app and on the website.

Did you, or are you currently training at an (check one):

- ☐ (910) Allopathic Medical School  
☐ (911) International Medical School  
☐ (912) Osteopathic Medical School  
☐ (913) N/A

Race (select all that apply)

- ☐ (971) American Indian or Alaska Native  
☐ (974) Native Hawaiian or other Pacific Islander  
☐ (972) Asian  
☐ (975) White  
☐ (973) Black or African American  
☐ (976) Prefer not to answer

Ethnicity

- ☐ (977) No, not Hispanic/Latino  
☐ (978) Yes, Hispanic/Latino  
☐ (979) Prefer not to answer

## Part 3 – Connect with Peers

I plan on attending the following functions:

☐ **(914) Expo Hall Grand Opening**

Exposition Hall | Thursday, July 30 | 5:00 – 7:00 p.m.

**Indicate T-shirt size:**

- ☐ (915) Small ☐ (917) Large ☐ (918) XX-Large  
☐ (916) Medium ☐ (919) X-Large

☐ **(920) National Conference Celebration**

Midland Theatre | Friday, July 31 | 8:00 p.m. – 12:00 a.m.



# 2015 National Conference Registration Form, page 2

## Part 4 – Procedural Skills Courses

Find descriptions and restrictions at [www.aafp.org/nc](http://www.aafp.org/nc). All courses are \$90 each. Due to the limited number of seats, please indicate your time preference for each course you would like to attend.

Check appropriate box	Course #	Course Name	Day	Time	Rank times by preferences
<input type="checkbox"/>	101	Advanced Suturing Techniques	Saturday	8:00 – 11:00 a.m.	
<input type="checkbox"/>	102	Basic Suturing Techniques	Thursday	9:00 a.m. – 12:00 p.m.	
<input type="checkbox"/>	103		Friday	8:00 – 11:00 a.m.	
<input type="checkbox"/>	104	Joint Injections	Friday	9:00 – 11:00 a.m.	
<input type="checkbox"/>	105		Friday	1:00 – 3:00 p.m.	
<input type="checkbox"/>	106		Saturday	8:30 – 10:30 a.m.	
<input type="checkbox"/>	107	Osteopathic Manual Medicine	Thursday	9:00 – 11:00 a.m.	
<input type="checkbox"/>	108	Perineal Laceration Repair	Thursday	1:00 – 4:00 a.m.	
<input type="checkbox"/>	109	Women's Health Procedures	Thursday	1:00 – 3:00 p.m.	
<input type="checkbox"/>	110		Friday	1:00 – 3:00 p.m.	
<input type="checkbox"/>	111	Skin Biopsy Techniques	Friday	2:00 – 4:00 p.m.	
<input type="checkbox"/>	112		Saturday	8:30 – 10:30 a.m.	

Return Both Pages of Registration Form  
BY MAY 29 To:

By Mail: Cathy Dyer, Tennessee AFP  
212 Overlook Circle, Suite 201  
Brentwood, TN 37027

## Part 5 – Meal Ticket

Pre-purchase your meal ticket for lunch in the Expo hall. You will receive one lunch per day, Thursday–Saturday. Note: Due to the convention center contract, the AAFP is only able to sell tickets in advance.

- ☐ (930) Thursday–Saturday (1) lunch per day \$20  
☐ (931) Guest, Thursday–Saturday (1) lunch per day

Qty: \_\_\_\_\_ @ \$20

## Part 6 – AAFP Foundation Lapel Pin

Get your 2015 AAFP Family Medicine Experience (formerly AAFP Assembly) Commemorative Lapel Pin and support your AAFP Foundation. For a minimum donation, you can support AAFP Foundation programs, such as *Family Medicine Cares*.

- ☐ (400) 2015 Foundation Lapel pin

Qty: \_\_\_\_\_ @ \$15 each

## Part 7 – Special Needs

If you have a physical requirement which requires accommodation in order to fully participate in this activity during the hours of the program, please indicate below:

- ☐ (921) Wheel chair accessibility  
☐ (922) Hearing impaired  
☐ (923) Lactation room

## Part 8 – Total Registration

Total amount due for selections from Part 2 \$ \_\_\_\_\_

Total amount due for selections from Part 4 \$ \_\_\_\_\_

Total amount due for selections from Part 5 \$ \_\_\_\_\_

Total amount due for selections from Part 6 \$ \_\_\_\_\_

Total due \$ \_\_\_\_\_

## Part 9 – Method of Payment

Registration forms will be accepted only when accompanied by full payment. To expedite registration processing, credit card payment is preferred. Please print clearly to avoid delay in processing your registration.

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover ☐ Check enclosed

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Card holder name: \_\_\_\_\_

**The Tennessee AFP pays only your basic registration fee of \$165. If you owe more than the BASIC fee of \$165 you MUST include your payment to the AAFP (Check or Credit Card) with this registration form for all your additional fees and send all to the Tennessee AFP.**

Cancellation Policy – The AAFP must receive notice of cancellation by July 9. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy at [www.aafp.org/nc](http://www.aafp.org/nc).

Photography and Recording – The AAFP may take photographs and/or record audio and video at this event. By attending, you consent to the use of any photographs, audio, and video recordings of you by the AAFP and its designees in AAFP communications and promotions, or for any other lawful purpose.

If faxing, please include name and daytime phone number: \_\_\_\_\_



# Tennessee Academy of Family Physicians

212 Overlook Circle, Suite 201, Brentwood, TN 37027

phone: 615-370-5144; 1-800-897-5949 fax: 615-370-5199 email: tnafp@bellsouth.net

## REQUIRED

### 'TNAFP CONFIRMATION OF SCHEDULED ATTENDANCE'

(Tennessee AFP Medical Student Member)

FOR THE AMERICAN ACADEMY OF FAMILY PHYSICIANS'

NATIONAL CONFERENCE OF FAMILY MEDICINE RESIDENTS & MEDICAL STUDENTS

July 30-August 1, 2015; Kansas City

All information required to be completed by all students accepting TNAFP financial support:

(Print Student's Full Name) \_\_\_\_\_

\* (Student's Complete Mailing Address) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

\*(After the conference your grant check will be mailed to the address above unless you notify TNAFP otherwise.)

(Student's Cell Phone Number) \_\_\_\_\_

(Student's Email Address) \_\_\_\_\_

(1) I confirm that I WILL be attending the American Academy of Family Physicians' Annual National Conference of Family Medicine Residents and Medical Students (NCFMRMS) on July 30-August 1 in Kansas City.

(2) I understand that the Tennessee AFP will pay directly to the AAFP my basic pre-registration fee only of \$165 and any additional fees (spouse's/guest's fees, optional workshops, social events where additional fee is charged, etc.) I am responsible for paying and pre-payment must be submitted with my registration form to the TNAFP.

(3) I understand that I will receive my \$550.00 grant from the Tennessee Academy AFTER attending the Conference upon receipt by the TNAFP of my hotel bill and the required written report as referenced in (4).

(4) I understand that a brief written report concerning my attendance at NCFMRMS is to be submitted to the Tennessee Academy of Family Physicians' office in Brentwood by September 15, 2015 (Tuesday) after my attendance, and I agree to the possible publication of my written report in the TNAFP's quarterly journal, *Tennessee Family Physician*, if the Editors so desire.

(5) My completed AAFP pre-registration form is attached to this confirmation of attendance form as required by the TNAFP. If I owe registration/function fees myself outside the basic registration fee of \$165 paid by the TNAFP, my payment is enclosed in the form of a credit card or check made to the AAFP.

(6) I understand I am responsible for making my own travel and hotel arrangements.

Your Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**PRIOR TO MAY 29, 2015**

**RETURN THIS COMPLETED "CONFIRMATION OF ATTENDANCE" FORM**

**WITH YOUR AAFP PRE-REGISTRATION FORM TO -**

TENNESSEE ACADEMY OF FAMILY PHYSICIANS

By Mail: 212 Overlook Circle, Suite 201, Brentwood, TN 37027

By Fax: (615) 370-5199 By Email: tnafp@bellsouth.net

\*Please feel free to reproduce this form as needed.



# Hotel Reservation Form

National Conference of Family Medicine Residents and Medical Students  
July 30–August 1, 2015 • Kansas City, Missouri

PLEASE TYPE OR PRINT CLEARLY.

NOTE: You are responsible for making  
your own Hotel and Travel arrangements.

**Deadline is July 2.**  
**Reserve online at**  
**aafp.org/nc/hotels.**

ONE FORM PER ROOM. PLEASE COMPLETE ALL SECTIONS.

## Send confirmation to:

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Country: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

## Room Type

Number of occupants: \_\_\_\_\_

Number of beds requested: \_\_\_\_\_

List all occupants in room (including yourself):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## Hotel Choice (number in order of preference)

All hotels are nonsmoking. Room rates listed are per night.

	Single/Double	Triple/Quad
___ Aladdin Holiday Inn Hotel	\$147	\$155
___ Crowne Plaza	\$150	\$170
___ Hilton President	\$154	\$160
___ Hotel Phillips	\$155	\$163
___ Kansas City Marriott Downtown	\$151	\$159

Reservations will be processed in the order in which they are received.  
Please select one of the following to guide reservation processing if  
your requested hotels are unavailable:

☐ Comparable room rate ☐ Proximity to conference site

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

## ADA Special Needs

☐ Please check here if you will require special services and  
list specific information in the space provided. (Please  
note: Requested services cannot be guaranteed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Deposits

All reservations must be guaranteed with a credit card  
valid through August 2015 or a check deposit. If  
you are guaranteeing by check, \$110 per reservation  
is required; this includes a \$10 nonrefundable  
processing fee per reservation. Checks must be  
received by July 2, 2015.

☐ Check enclosed (Please make check payable to  
KCCVA/AAFP 2015 Housing)

☐ Visa

☐ MasterCard

☐ Discover

☐ Diners Club

☐ American Express

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

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

## Changes and Cancellations

You may change or cancel your reservation through  
July 9, 2015 without penalty. From July 10, 2015–  
July 14, 2015, a \$25.00 cancellation fee will be charged  
to the credit card used at the time of booking. Beginning  
July 15, 2015 to the arrival date, cancellations will be  
charged per the hotel's cancellation policy.



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS

Fax form and credit card information to:

KCCVA/AAFP 2015 Housing

(816) 691-3880

OR

Mail form and check deposit to:

KCCVA/AAFP 2015 Housing

P.O. Box 26310, Kansas City, MO 64196-6310

