

**Michigan Academy of Family Physicians  
2008 ANNUAL SCIENTIFIC ASSEMBLY  
REGISTRATION FORM**

(PLEASE PRINT)

Name \_\_\_\_\_  MD  DO  Other (Specify) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_ Fax \_\_\_\_\_

Email (We do not share or sell email addresses) \_\_\_\_\_

Home Phone \_\_\_\_\_ Spouse/Guest Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Child's Name \_\_\_\_\_ Age \_\_\_\_\_

**SECTION I – GENERAL REGISTRATION FEES**

	<u>Now to June 20</u>	<u>After June 20</u>
MAFP-Member Physician .....	N/C	\$390.00
Out-of-State AAFP Member .....	\$150.00	\$450.00
Non-Member Physician .....	\$490.00	\$540.00
Residents (Family Medicine) .....	N/C	\$100.00
Life/Inactive Member .....	N/C	\$100.00
Physician Assistants/RNs/LPNs/NPs .....	\$150.00	\$450.00
One-Day-ONLY (Member) .....	N/C	\$150.00
One-Day-ONLY (Non-Member) .....	\$300.00	\$500.00

**IMPORTANT: You MUST submit a credit card number or check in the amount of \$150.00 to hold your registration — even if there is no charge.**

**All registrants who do not cancel by June 27, 2008 will incur a \$150.00 administrative fee.**

**TOTAL SECTION I = \$ \_\_\_\_\_**

**SECTION II – EDUCATIONAL PROGRAMMING REGISTRATION**

**THURSDAY, JULY 17**

\*7:00 am – 8:00 am Early Bird CME Breakfast Program – “Breast Problems” .....\$30.00 \_\_\_\_\_

**Friday, July 18**

**REQUEST FOR PRINTED HANDOUTS/SYLLABUS** - I am requesting one printed copy of all handouts/syllabus.....\$60.00 \_\_\_\_\_

**6:45 am-7:45 am Breakfast Seminar** “Billing and Coding” .....\$30.00 \_\_\_\_\_

**8:15 am-1:30 pm GENERAL SESSION (Please check each session you plan to attend)**

8:30 am-9:30 am Rhoades Memorial Lecture “Cultural Competency” .....N/C \_\_\_\_\_

9:30 am-10:30 am “Breast Cancer Prevention for the Rural Healthcare Provider” .....N/C \_\_\_\_\_

11:40 am-12:40 pm “Managing the Symptomatic Menopausal Patient in Primary Care” .....N/C \_\_\_\_\_

12:40 pm-1:40 pm “Diagnosis & Treatment of Excessive Daytime Sleepiness” .....N/C \_\_\_\_\_

**Afternoon CME\*\***

2:00 pm-4:00 pm “Understanding Children’s Social Security Claim Forms” .....\$30.00 \_\_\_\_\_

2:00 pm-4:00 pm “Helping Patients with Health Behavior Change” .....\$30.00 \_\_\_\_\_

**SATURDAY, JULY 19**

**6:30 am- 7:45 am Breakfast Seminar** TransforMed – “How We’re Doing” .....\$30.00 \_\_\_\_\_

**8:30 am-1:40 pm GENERAL SESSION (Please check each session you plan to attend)**

8:30 am-10:00 am “PAP Guidelines and the Latest HPV Update” .....N/C \_\_\_\_\_

11:10 am-12:10 pm “Managing Type 2 Diabetes and Promoting Issues for the Rural Healthcare Provider” .....N/C \_\_\_\_\_

12:10 pm-1:10 pm “Diagnostic Maze: Vertigo, Syncope and Pre-syncope” .....N/C \_\_\_\_\_

**2:00 pm -3:30 pm GRIN “Chat”** .....N/C \_\_\_\_\_

**SUNDAY, JULY 20**

**6:30 am-7:30 am Breakfast Seminar** “Looking for Synergy in a Sea for “P for P” .....\$30.00 \_\_\_\_\_

**7:50 am-12:10 pm GENERAL SESSION (Please check each session you plan to attend)**

7:50 am-8:50 am “Treatment of Patients with Opioid Dependence” .....N/C \_\_\_\_\_

8:50 am-9:50 am “Office-Based Medical Emergencies” .....N/C \_\_\_\_\_

10:15 am-11:15 pm “A Crisis in Nurturing Not Just Nutrients; a New Look at Child Obesity” .....N/C \_\_\_\_\_

11:15 am-12:15 pm “Adult Smoking Cessation Strategies: A Rural Healthcare CME Initiative” .....N/C \_\_\_\_\_

\*Precedes opening of Congress (Congress meets on July 17 – 8:15 am to 5:00 pm)

**TOTAL SECTION II = \$ \_\_\_\_\_**

\*\*Includes lunch

COURSES NOTED AS “N/C” ARE INCLUDED IN THE “GENERAL” REGISTRATION FEE

**GUEST PROGRAMS & CHILDREN’S PROGRAM/DAYCARE**

**SECTION III –Friday, JULY 18, 2008**

**5:00 pm – 6:30 pm FREE EVENT (FAMILY/GUEST PARTY IN THE EXHIBIT HALL)**

*Each “registrant” is entitled to two adult tickets and tickets for their children (up to age 17) without charge.*

*The following information is required however. Please enter the number of people who will be attending in each category.*

**Registrants**

**Guests**

\_\_\_\_\_ Adults (18 and Up) N/C

\_\_\_\_\_ Children 5-8 N/C

\_\_\_\_\_ Adults (18 and Up) \$20

\_\_\_\_\_ Children 5-8 \$10

\_\_\_\_\_ Children 13-17 N/C

\_\_\_\_\_ Children 4 and Under N/C

\_\_\_\_\_ Children 13-17 \$15

\_\_\_\_\_ Children 4 and Under \$10

\_\_\_\_\_ Children 9-12 N/C

\_\_\_\_\_ Children 9-12 \$10

**TOTAL SECTION III = \$ \_\_\_\_\_**

**SECTION IV – SATURDAY, JULY 19, 2008**

**6:00 am FREE EVENT  
MAFP's 5K RUN/WALK**

*Circle One*

Name \_\_\_\_\_ Age \_\_\_\_\_ M / F  
 Name \_\_\_\_\_ Age \_\_\_\_\_ M / F  
 Name \_\_\_\_\_ Age \_\_\_\_\_ M / F  
 Name \_\_\_\_\_ Age \_\_\_\_\_ M / F

**2:18 pm MAFP GOLF TOURNAMENT**  
*We Must Receive your Registration by Noon on June 5th*  
*Tee Times/Pairing Sheets Available at MAFP Registration*

Name \_\_\_\_\_ Age \_\_\_\_\_ \$100.00  
 Name \_\_\_\_\_ Age \_\_\_\_\_ \$100.00  
 Name \_\_\_\_\_ Age \_\_\_\_\_ \$100.00  
 Name \_\_\_\_\_ Age \_\_\_\_\_ \$100.00

**1:30 p.m.-5:30 p.m. Fishing Tournament** — *Fishing Tournament @72.50 per person*  
*Number in party \_\_\_\_\_*

**EVENING EVENTS**

**Family Medicine PAC "Picnic in the Park" 6:00 p.m. to 7:30 p.m.**  
*Complimentary to Registrants and spouse/guest (one guest)*  
*and registrant's children to age 17:*

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Please put the number of additional tickets you will need for each category listed below:

**8:00 p.m.-11:00 p.m. MAFP Birthday Bash with "Legend...The Band"**  
*Ticket required with all registrants and guests as follows:*

\_\_\_\_\_ Adults (18 and Up) \$20      \_\_\_\_\_ Children 5-8 \$10  
 \_\_\_\_\_ Children 13-17 \$15      \_\_\_\_\_ Children 4 and Under \$10  
 \_\_\_\_\_ Children 9-12 \$10

**Registrants**

**Guests**

\_\_\_\_\_ Adults (18 and Up) N/C      \_\_\_\_\_ Adults(18 and Up) \$20  
 \_\_\_\_\_ Children 13-17 N/C      \_\_\_\_\_ Children 13-17 \$10  
 \_\_\_\_\_ Children 9-12 N/C      \_\_\_\_\_ Children 9-12 \$10  
 \_\_\_\_\_ Children 5-8 N/C      \_\_\_\_\_ Children5-8 \$10  
 \_\_\_\_\_ Children 4 and under NC      \_\_\_\_\_ Children 4 and under \$10

**TOTAL SECTION IV = \$ \_\_\_\_\_**

**SECTION V – THURSDAY, JULY 17– SUNDAY, JULY 20, 2008**  
**CAMP TRAVERSE FOR AGES 6 TO 12, 7:00 A.M. – 6:00 P.M. DAILY**

Thursday...No. \_\_\_\_\_ x \$22.00 = \_\_\_\_\_ Friday...No. \_\_\_\_\_ x \$22.00 = \_\_\_\_\_  
 Saturday...No. \_\_\_\_\_ x \$22.00 = \_\_\_\_\_ Sunday...No. \_\_\_\_\_ x \$22.00 = \_\_\_\_\_

**TOTAL SECTION V = \$ \_\_\_\_\_**

**DAILY CHILDREN'S PROGRAMS/DAY CARE**  
**SECTION VI – THURSDAY, JULY 17– SUNDAY JULY 20, 2007**  
**DAY CARE FOR AGES 6 MONTHS TO 5 YEARS, 7:00 A.M. – 6:00 P.M.**

**Thursday**

Name \_\_\_\_\_ Age \_\_\_\_\_ \$55.00  
 Name \_\_\_\_\_ Age \_\_\_\_\_ \$55.00  
 Name \_\_\_\_\_ Age \_\_\_\_\_ \$55.00

**Saturday**

Name \_\_\_\_\_ Age \_\_\_\_\_ \$55.00  
 Name \_\_\_\_\_ Age \_\_\_\_\_ \$55.00  
 Name \_\_\_\_\_ Age \_\_\_\_\_ \$55.00

**Friday**

Name \_\_\_\_\_ Age \_\_\_\_\_ \$55.00  
 Name \_\_\_\_\_ Age \_\_\_\_\_ \$55.00  
 Name \_\_\_\_\_ Age \_\_\_\_\_ \$55.00

**Sunday**

Name \_\_\_\_\_ Age \_\_\_\_\_ \$55.00  
 Name \_\_\_\_\_ Age \_\_\_\_\_ \$55.00  
 Name \_\_\_\_\_ Age \_\_\_\_\_ \$55.00

**TOTAL SECTION VI = \$ \_\_\_\_\_**

**PAYMENT INFORMATION**

SECTION I TOTAL \_\_\_\_\_  
 SECTION II TOTAL \_\_\_\_\_  
 SECTION III TOTAL N/C Fax: (517) 347-1289  
 SECTION IV TOTAL \_\_\_\_\_  
 SECTION V TOTAL \_\_\_\_\_  
 SECTION VI TOTAL \_\_\_\_\_  
**TOTAL (SECTIONS I-VI) \$ \_\_\_\_\_**

**PAYMENT METHOD**

Check Enclosed or Debit My  VISA  MC  AMEX  
 CREDIT CARD #: \_\_\_\_\_  
 EXPIRATION DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

**THREE WAYS TO REGISTER**

*Please make check payable to MAFP*  
 Phone: 800-833-5151- or (517) 347-0098 Fax: (517) 347-1289  
 Mail: 2164 Commons Pkwy. • Okemos, MI 48864-3986

<i>FOR MAFP USE ONLY</i>	
REG. DATE: _____	
METHOD: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Online <input type="checkbox"/> Mail	
AMT. DUE: _____	AMT. PAID: _____
CHECK# OR CC AUTH CODE: _____	
DATE OF AUTHORIZATION: _____	