

COURSE REGISTRATION

AAFP Family Medicine Board Review Express®

Register online at
www.aafp.org/boardreexp

AAFP Member ID #: _____

Name: _____

Nickname (badge purposes): _____

Degree: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email (REQUIRED): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

SPECIAL NEEDS — If you have physical or dietary restrictions, please mark the appropriate boxes below.

- (950) Vegetarian
- (951) Gluten Free
- (952) Wheelchair Accessibility
- (953) Hearing Impaired
- (954) Lactation Room

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.

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: \$ _____

REGISTRATION (See individual course page for pricing.)

Course Dates _____

Course Location _____

Registration Fee _____

Name on Card: _____

Card Number: _____

Exp Date: _____ CVV: _____

Signature: _____

OPT IN

- (998) I want to have my name, city and state included in attendee lists.
- (999) 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.

GO Green! with AAFP

Your registration includes online access to the syllabus up to 2 weeks before the course. We encourage you to bring your fully charged laptop to the course to view these materials. If you wish to purchase a printed, full color copy of the syllabus, please check the box below.

- (901) Yes, I want to purchase syllabus hard copy for \$150. NOTE: Deadline to purchase the syllabus is January 3, 2024.
- (902) No, I do not want to purchase syllabus hard copy.

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.

Cancellation policy — 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.

Have you made your hotel reservation? Hotel information available at www.aafp.org/boardreexp.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Return with appropriate payment or call:

American Academy of Family Physicians

Attn: Member Resource Center

11400 Tomahawk Creek Parkway, Leawood, KS 66211

Phone: (800) 274.2237 • Fax: (913) 906.6075 • Email: aafp@aafp.org