

**MAFP 27<sup>th</sup> Annual Family Medicine Update – April 3 – 6, 2019**

Mail Completed form with payment by check to: MAFP, PO Box 424, Hartland, ME 04943 Date Received @ MAFP: \_\_\_ / \_\_\_ / 2019

**Registration - Please Print**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Degree: (MD/DO/NP/PA/RN/other) \_\_\_\_\_  
 Home Mailing Address: \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 AAFP Member?  Yes - Membership ID# (Required for CME certificate): \_\_\_\_\_  Non-member  
 Practice Name: \_\_\_\_\_ Practice Address: \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Office telephone: \_\_\_\_\_ Home/Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Friday Early-Bird – Choose one: 5K Run/Walk/Bike -  OR Tai Chi -  OR None -   
 All Registrations – Choose Tee Shirt Size (check one): Sm -  Med-  Lg-  1XL-  2XL-  3XL-  NO Shirt -

**Pre-Conference – April 3<sup>rd</sup> – Additional Fee Workshop: ABFM KSA Study Group:**

Check if attend:	April 3 <sup>rd</sup> , 1:00pm-5:00pm - “Cerebral Vascular Disease”	Early Bird – Postmarked BY March 3 <sup>rd</sup>	Postmarked AFTER March 3 <sup>rd</sup>	KSA Fee:
	My ABFM ID # _____ required to register with ABFM & receive credit - In order to enhance the learning experience for all, participants will be asked to prepare 6 questions as assigned by the facilitator **If you wish to take this to receive <u>CME CREDITS ONLY</u> (NOT ABFM) contact the MAFP office for instructions on how to receive those credits**	\$ 55	\$ 70	\$

**Post-Conference – April 6<sup>th</sup> –Workshop: “Opioid Education”: (\*Non-MAFP Members - Additional Fee)**

Check one:	This workshop will fulfill your Maine Professional Licensure Requirements for Opioid CME	Postmarked BY March 3 <sup>rd</sup>	After March 3 <sup>rd</sup>
	MAFP Member (must provide AAFP Member ID # above to be eligible) **FREE as a MAFP Member Benefit**	\$ N/C	N/C
	ALL Other Professionals (Non-member Physicians, Dentist, NP, PA, Veterinarian)	\$ 90	\$ 125

**MAFP 27<sup>th</sup> ANNUAL FAMILY MEDICINE UPDATE – April 4<sup>th</sup> & 5<sup>th</sup>:**

Check one category:	KSA Study Group fee April 3 <sup>rd</sup> & “Opioid” Workshop April 6 <sup>th</sup> <i>NOT included – register for KSA &amp; Opioid Workshop separately</i>	Early Bird – Postmarked BY March 3 <sup>rd</sup>	After March 3 <sup>rd</sup>	Registration Fee:
<b>**Special Discounted Rates for NEW Family Physician Members (2018 Residency Grads) &amp; LIFE Members – Please CALL THE MAFP OFFICE FOR YOUR DISCOUNT CODE!</b>				
	MAFP/AAFP Member - 2 Day (April 4 & 5) *Includes Meals – B, L, & D-Thurs.	\$ 315	\$ 365	\$
	Non-Member Physician - 2 Day (April 4 & 5) *Includes Meals – B, L, & D-Thurs.	\$ 370	\$ 420	\$
	Non-Physician Medical Providers: PA/NP/FNP/RN - 2 Day (April 4 & 5) *Includes Meals – B, L, & D-Thurs	\$ 315	\$ 365	\$
	Family Medicine Resident - 2 Day (April 4 & 5) *Includes Meals – B, L, & D-Thurs.	\$ 105	\$ 130	\$
	Family Medicine Resident - 1 Day - Thurs April 4 ONLY *Includes Meals – B, L, & D-Thurs	\$ 55	\$ 80	\$
	Family Medicine Resident - 1 Day - Friday April 5 ONLY *Includes Meals – B, L	\$ 55	\$ 80	\$
	Medical Student (April 4 & 5) *Includes Meals – B, L, & D-Thurs	\$ 25	\$ 35	\$
	All Professionals - 1 Day -Thurs April 4 ONLY (other than Residents & Students) *Includes Meals– B,L, & D-Thurs	\$ 200	\$ 250	\$
	All Professionals - 1 Day -Friday April 5 ONLY (other than Residents & Students) *Includes Meals B, L	\$ 200	\$ 250	\$

**GUEST MEALS: (April 4<sup>th</sup> & 5<sup>th</sup> only)**

(indicate guest names on reverse)	Adult	# adults	Child (<12 yr.)	# Children	Total:
Guest Meals - 2-day April 4 & 5 (All meals)	\$ 90		\$ 40		\$
Guest Meals - 1-day Thurs. April 4 (B, L, Dinner)	\$ 75		\$ 35		\$
Guest Meal - Thurs. April 4 - DINNER ONLY	\$ 35		\$ 20		\$
Guest Meals - 1 Day - Fri. April 5 (B, L)	\$ 45		\$ 20		\$

**Total Payment Enclosed: \$ \_\_\_\_\_**

**ALL THURSDAY REGISTRATIONS - Please Answer:**

Thursday, April 4<sup>th</sup>, MAFP DINNER (1 ticket included with each PAID April 4<sup>th</sup> Registration – but need ticket to attend)

Please check one:  I will attend Dinner  I will not attend Dinner

**ALL GUESTS & DINNER ONLY tickets sign up & pay above**

**THIS REGISTRATION FORM IS FOR PAYMENT BY ACCOMPANYING CHECK PAYMENT ONLY**  
**and MUST BE POSTMARKED BY MARCH 3<sup>rd</sup> TO QUALIFY FOR EARLY REGISTRATION**

For Credit Card payment – use On-Line Registration on the MAFP Website at: [www.maineafp.org](http://www.maineafp.org) – select CME tab