



INDIANA ACADEMY OF
FAMILY PHYSICIANS

Spring SAMs & CME

Registration Form

Friday, March 9 and Saturday, March 10, 2012

Location: Medical Academic Center, Carmel

CONTACT INFORMATION: Please print. Use separate form for each individual registrant.

First name: _____ Last name: _____ MD ___ DO ___ NP ___ Other ___

If you are an IAFP member's employee*, please tell us the name of the IAFP member: _____

Mailing address _____

City _____ State _____ Postal Code _____

Daytime Phone _____ Fax _____ Email _____

Friday, March 9th activities

9am - 12:30pm SAM Study Group: Diabetes - Cindy Meneghini, MD

\$49 for IAFP member \$149 for Non-IAFP members

12:30pm - 1:15pm Buffet Lunch

\$0 for IAFP member \$0 for Non-IAFP members

1:15pm - 4:45pm SAM Study Group: Asthma - Fred Ridge, MD

\$49 for IAFP member \$149 for Non-IAFP members

Saturday, March 10th activities

9am - 12:30pm Hot Topic CME (3.25 Prescribed Credits Available)

Update on Medicare and Health Care Reform, Comprehensive Vaccines Update, Wound Care for the Family Physician, Lipid Management in the CKD Patient: A Patient-Centered Approach to Care.

\$0 for IAFP member \$99 for Non-IAFP members

12:30pm - 1:15pm Buffet Lunch

\$0 for IAFP member \$0 for Non-IAFP members

1:15pm - 4:45pm SAM Study Group: Pain Management - Tom Kintanar, MD

\$49 for IAFP member \$149 for Non-IAFP members

Application for CME credit has been filed with the American Academy of Family Physicians. **Determination of credit is pending.**

If you have registered for a SAM Study Group, please note:

1. Participants will only receive MC-FP credit for the module if all of the following are true:

- a. Participant is currently eligible for and enrolled in the MC-FP process (find out more at www.theabfm.org)
- b. Participant has not already completed the module topic that is being covered in the SAM Study Group session
- c. Participant has not already completed his/her current MC-FP Stage requirements
- d. Participant successfully completes the Knowledge Assessment portion of the SAM module within the group or afterward if needed as well as the Clinical Simulation
- e. They attend and fully participate in the educational discussion of the entire session

2. The IAFP's fee to attend this SAM Study Group session does not include the ABFM Maintenance of Certification (MC-FP) fees.

- a. Participants in MC-FP will be required to pay MC-FP fees in order to complete the Clinical Simulation portion of the SAM module.
- b. Participants not in MC-FP who desire to receive CME credit will be required to pay the current SAM fee in order to complete the Clinical Simulation portion of the SAM module and prior to receiving CME credit. The fee that you will be charged to complete the simulation is dependent upon what MC-FP payment option you have chosen and will vary from person to person.

*** Family physicians participating in MC-FP may elect to complete additional SAM modules for CME credit even after that have completed their current MC-FP Stage requirements. These modules will not be applied to subsequent MC-FP Stages. Additional costs may or may not apply depending on what payment plan was chose by the Diplomate. Please contact the ABFM Support Center at 877-223-7437 for more information.

AMERICANS WITH DISABILITIES ACT/FOOD ALLERGIES:

Please note any special requirements or assistance you **require to fully participate** in the sessions you have registered for:



PAYMENT INFORMATION:

My check in the amount of \$ _____ is enclosed

- OR - please charge my credit card:

Visa MasterCard Discover

Card number _____

Expiration date _____ Card verification number (three digit number on back of card) _____

First name on card _____ Last name on card _____

Company associated with billing address _____

Total amount to charge: \$ _____

Credit Card Billing Information (where you receive you statement) - Required information for registration:

Check here if credit card billing address matches physician address information above.

Address for credit card _____

City _____ State _____ Zip code _____ Country _____

Note: Address must match what is on file with your credit card company or the registration will be declined!

**PLEASE FAX THIS FORM TO 317.237.4006 OR MAIL TO:
IAFP, 55 MONUMENT CIRCLE, SUITE 400, INDIANAPOLIS, IN 46204**

CANCELLATIONS: Notice of cancellation for IAFP events must be sent in writing (by fax or mail) to the IAFP and must be received (not postmarked) by Monday, March 5, 2012 to be eligible for a full refund. Cancellations received after March 5 and on or before March 8 will be subject to a \$25.00 administrative fee. No shows are not eligible for a refund.