



MASSACHUSETTS ACADEMY OF FAMILY PHYSICIANS

2010 SPRING CME REFRESHER

April 9-10, 2010

FOUR POINTS BY SHERATON, LEOMINSTER, MA

REGISTRATION FORM

(Please Print or Type)

NAME:

First MI Last Suffix

PROFESSIONAL ADDRESS (For Published Attendee List)		PREFERRED MAILING ADDRESS (If different from professional address)	
Tel: _____		Fax: _____	
		Email: _____	
If you are registering your Spouse/Guest please provide their full name: _____			

To qualify for early bird rates your registration form must be received at the MassAFP office on or before April 1, 2010. Advance Registration Deadline – April 1, 2010 Thereafter Register On-site

	EARLY BIRD			AFTER APRIL 1ST		
	April 9 Friday	April 10 Saturday	April 9-10 Both	April 9 Friday	April 10 Saturday	April 9-10 Both
AAFP Active Member	\$105	\$105	\$195	\$135	\$135	\$250
AAFP Life Member	50	50	85	55	55	90
AAFP Inactive Member	80	80	145	100	100	190
Non-Member Physician	135	135	255	155	155	300
Allied Health Professional	80	80	145	100	100	190
Spouse/Guest	50	50	85	55	55	90
Resident	25	25	50	35	35	70
Student	N/C	N/C	N/C	N/C	N/C	N/C
MOC – SAM	N/A	25	25	N/A	N/A	N/A
BLS Refresher	N/A	25	N/A	N/A	30	N/A
Extra Luncheon Ticket	25	25	50	25	25	50

Total Payment Due _____

If you are registering for one day only please indicate which day by circling: Friday Saturday

In order to provide appropriate meeting room accommodations please use the reverse side of this form to indicate which BREAK-OUT sessions you plan on attending. Limited attendee courses will be filled on a first-come first-serve basis.

Method of payment: Check # _____ (Payable to MassAFP) _____ Visa _____ MasterCard

Credit Card Number _____ Expiration Date _____

Name on Card (Please Print): _____

Address On File With Visa/MC (If Different Than Above) _____

Security Code (The 3 digit number on the back of the card) _____ Cardholder's Signature: _____

Send completed form with payment to:

Massachusetts Academy of Family Physicians • 100 Cummings Center Suite 325C, Beverly MA 01915
Tel: (978) 232-0022 • Fax: (978) 232-0072 • Email: Information@massafp.org • Website: www.massafp.org



Please call regarding any special accommodations needed.

OVER

**Please indicate which sessions you plan to attend.
Available slots for MOC-SAM and CPR Recertification will be allotted on a first-come first-serve basis
and will be acknowledged in your confirmation letter.**

Friday, April 9, 2010

<input type="checkbox"/> 10:30 – 11:15 AM EHR and Patient Interaction: Enhancing Healthy Rapport or Endangering Healing Relationships	<input type="checkbox"/> 10:30 – 11:15 AM How Family Physician Offices Can Prepare for a Disaster	<input type="checkbox"/> 10:30 AM – 12:00 PM How Family Physicians Can Integrate Aesthetic Treatments Into Their Practice
<input type="checkbox"/> 11:20 AM – 12:05 PM Early Childhood Literacy Promotion: Lessons from Reach Out and Read	<input type="checkbox"/> 11:20 AM – 12:05 PM Updates in Prenatal Care	
<input type="checkbox"/> 1:30 – 2:00 PM Depression Before and After Pregnancy	<input type="checkbox"/> 1:30 – 2:00 PM Practice Guidelines: The Good, The Not So Good, and The Ugly	<input type="checkbox"/> 1:30 – 3:10 PM Nutrition: Eating Well on a Budget
<input type="checkbox"/> 2:05 – 2:35 PM AR on RA: Audience Response on Rheumatoid Arthritis	<input type="checkbox"/> 2:05 – 2:35 PM Mammography and the USPSTF: Examining the Evidence Used to Support the New Recommendations	
<input type="checkbox"/> 2:40 – 3:10 PM Chronic Constipation: An Evidence-Based Approach	<input type="checkbox"/> 2:40 – 3:10 PM Diabetes: What's New	

Saturday, April 10, 2010

<input type="checkbox"/> 10:15 – 10:45 AM Ski/Snowboarding Injuries	<input type="checkbox"/> 10:15 – 10:45 AM Hypertension - What's New	<input type="checkbox"/> 10:15 AM – 12:00 PM Maintenance of Certification Behavioral Health Self-Assessment Module Review & A Assessment Pre-Registration is Required Maximum of 30 Participants Additional Fee Applies	<input type="checkbox"/> 10:15 AM – 12:00 PM American Heart Association - Health Care Provider Basic Life Support Recertification Pre-Registration is Required Maximum of 20 Participants Additional Fee Applies
<input type="checkbox"/> 10:50 – 11:20 AM AR on RA: Audience Response on Rheumatoid Arthritis	<input type="checkbox"/> 10:50 – 11:20 AM Atrial Fibrillation		
<input type="checkbox"/> 11:25 – 11:55 AM Running Injuries	<input type="checkbox"/> 11:25 – 11:55 AM Diabetes - What's New		
<input type="checkbox"/> 2:00 – 2:45 PM How Family Physicians Can Become Advocates	<input type="checkbox"/> 2:00 – 2:45 PM Pediatric Asthma	<input type="checkbox"/> 2:00 – 3:35 PM Maintenance of Certification Behavioral Health Self-Assessment Module (continued) Part B Clinical Simulation	<input type="checkbox"/> 2:00 – 3:35 PM American Heart Association - Health Care Provider Basic Life Support Recertification (continued)
<input type="checkbox"/> 2:50 – 3:35 PM Geriatric Screening and Preventive Care	<input type="checkbox"/> 2:50 – 3:35 PM Sleep Disorders		