



ARIZONA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR ARIZONA

Self-Assessment Module (SAM) Study Group
Module Topic: Preventative Care

Thursday, February 16, 2012

Courtyard Tempe Downtown

Meeting Room TBD

5:30pm - 9:30pm

Dinner Included

Registration Information (Please print legibly)

Name (Please include MD or DO): _____

ABFM#: _____ AAFP#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: * _____

*** required for receipt of important information**

Fees/Payment

AzAFP/AAFP Member \$165.00 Non-member \$195.00

Visa Mastercard Discover Check enclosed - payable to AzAFP

Card #: _____ Exp. Date: _____

Name on Card (if different from registrant): _____

Card Holder Signature: _____

Please return this form with appropriate payment to:

AzAFP

PO Box 1170

OR

FAX - 602-274-3631

Queen Creek, AZ 85142