ARIZONA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR ARIZONA

Pain Symposium
Drug Abuse, Misuse, Addiction & Diversion

Saturday, April 21, 2012
The Thunderbird Conference Center
Glendale, AZ
8:00am - 3:00pm
Breakfast & Lunch Included

Registration Information (Please print legibly)

Name (Please include MD or DO):_____

ABFM#: _____ AAFP#: _____

Address:_____

City: _____ State: _____ Zip: _____

Phone:_____ Email Address:*_____

Payment

❑ 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:
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Cancellation Policy: Refunds are granted by written request only, postmarked or received via fax or email on or before January 11, 2012, less a $65.00 administration fee. No refunds will be made after January 11, 2012.