

FAMILY MEDICINE WORKSHOP

JANUARY 12-13 & JANUARY 26-27, 2019
CROWNE PLAZA HOTEL | DUBLIN, OH

COURSE 1

(18 CME credits)

Saturday, January 12

11:00 a.m. - Noon	Welcome Reception
Noon - 2:30 p.m.	ENT
2:30 - 2:45 p.m.	Break
2:45 - 5:15 p.m.	Caring for the Orthopedic Patient
5:15 - 6:15 p.m.	Dinner
6:15 - 9:00 p.m.	Ophthalmology <i>(includes 15 min. break)</i>
9:00 - 10:00 p.m.	Hospitality

Sunday, January 13

8:00 - 8:30 a.m.	Continental Breakfast
8:30 - 11:00 a.m.	Gastrointestinal
11:00 - 11:30 a.m.	Break
11:30 a.m. - 4:00 p.m.	Care of the Vulnerable Elderly KSA <i>(optional)</i>
1:00 - 1:30 p.m.	Lunch

COURSE 2

(11 CME credits)

Saturday, January 26

11:00 a.m. - Noon	Welcome Reception
Noon - 2:30 p.m.	Functional Medicine & Nutrition
2:30 - 2:45 p.m.	Break
2:45 - 5:15 p.m.	Hospital Medicine
5:15 - 6:15 p.m.	Dinner
6:15 - 9:00 p.m.	Geriatrics <i>(includes 15 min. break)</i>
9:00 - 10:00 p.m.	Hospitality

Sunday, January 27

8:00 - 8:30 a.m.	Breakfast
8:30 - 9:30 a.m.	Arming the Frontline of Hep C Care: Treatment in the Family Medicine Clinic <i>(This activity is supported by an educational grant from Gilead Sciences, Inc.)</i>
9:30 - 9:45 a.m.	Break
9:45 a.m. - 12:15 p.m.	Pediatrics

REGISTRATION FORM

Complete the form below and return with payment.

Full Name: _____ Name for badge: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Fax: _____

I will be attending: (If attending both courses, please mark each separately)

Course 1: Jan. 12-13 (see schedule above)

Registrant Type	Cost
<input type="checkbox"/> Member	\$305
<input type="checkbox"/> Non-Member	\$365
<input type="checkbox"/> Resident	\$180

KSA/CSA (optional) Cost

Topic: Care of Vulnerable Elderly

<input type="checkbox"/> Member & Resident	\$75
<input type="checkbox"/> Non-Member	\$125

Additional Meal(s) Cost

#___ Dinner - Saturday, Jan. 12	\$55
#___ Breakfast - Sunday, Jan. 13	\$20

Attendee meals included in registration price.

Payment Total for Course 1: _____

Course 2: Jan. 26-27 (see schedule above)

Registrant Type	Cost
<input type="checkbox"/> Member	\$305
<input type="checkbox"/> Non-Member	\$365
<input type="checkbox"/> Resident	\$180

Additional Meal(s) Cost

#___ Dinner - Saturday, Jan. 26	\$55
#___ Breakfast - Sunday, Jan. 27	\$20

Attendee meals included in registration price.

Payment Total for Course 2: _____

Total Event Cost

Based on the information you indicated to the left, please tally the registration fee for each course, including any additional costs.

Event Cost

Course 1 Total: _____

Course 2 Total: _____

Payment Total: _____

Submit form to:

OAFP, 4075 N. High St., Columbus, OH 43214 or fax (614) 267-9191

Questions:

For more information on the workshop please contact Director of Events and Foundation Programs Kaitlin McGuffie or call 800.742.7327.

Payment Method Check VISA MC AM EX DISC

Name on card: _____ Expiration Date: _____ Verification Code: _____

Credit Card Number: _____ Billing Address: _____