



AAHPM Fellowship Program Summit

September 20-21, 2010

Intercontinental Buckhead · Atlanta, GA

Please print clearly. Use a separate form for each registrant.

Full Name: _____ First name for badge: _____ Credentials: _____
 Current Institution/Affiliation: _____ Title: _____
 Mailing Address: (home work) _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: (home work) _____ Email address: _____
 Emergency Contact: _____ Daytime Phone: (____) _____ Evening Phone: (____) _____

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|---|--|
| REGISTRATION RATES <input type="checkbox"/> (M) Member \$75 <input type="checkbox"/> (JR) Join and Register – Physician \$470 <input type="checkbox"/> (N) Non-Member \$100 <input type="checkbox"/> (JRN) Join and Register – Affiliate \$270 | PLEASE CHECK OFF ONE OF THE FOLLOWING <input type="checkbox"/> (PD) Program Director <input type="checkbox"/> (PC) Program Coordinator <input type="checkbox"/> (PF) Additional Program Faculty |
|---|--|

BREAKOUT SESSION SELECTIONS: PLEASE SELECT ONE SESSION FROM EACH OF THE FOLLOWING THREE BREAKOUT SLOTS:

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|--|---|
| Breakout Session 1 <input type="checkbox"/> PIF Preparation (101) Bring specific questions from your PIF for this working session; discuss assessment of core competencies of training. Intended for program faculty who will be applying for ACGME accreditation. | <input type="checkbox"/> Site Visit (102) What to expect and how to prepare for ACGME site visits. Intended for program faculty of ACGME accredited programs. |
| Breakout Session 2 <input type="checkbox"/> Designing the Pediatric Palliative Care Experience (201) A look at the essential components and best practices to effectively incorporate a pediatric rotation into your adult-based program. | <input type="checkbox"/> Operationalizing Role Play (202) Curriculum highlight: How to include role play in your educational program. |
| Breakout Session 3 <input type="checkbox"/> VA Funding of Fellowship Programs (301) An overview of VA partnerships: logistics and funding. | <input type="checkbox"/> Self Care (302) Curriculum highlight: Share best practices for teaching self care including managing stress and compassion fatigue. |

SPECIAL REQUESTS

(SA) I will require special assistance (SDV) I will need vegetarian meals

PAYMENT

 Check (enclosed)

- If rebilling of a credit card charge is necessary a \$25 processing fee will be charged.
- I authorize AAHPM to charge the above listed credit card amounts deemed by AAHPM to be accurate and appropriate
- Make check payable to AAHPM
- A charge of \$25 will apply to checks returned for insufficient funds

Credit Card Number: _____ Exp. Date: _____

Signature: _____

Cardholder's Name (please print): _____

THREE EASY WAYS TO REGISTER:

1. Mail **(must be postmarked by August 30, 2010):**
 AAHPM
 PO Box 839
 Glenview, IL 60025-0839
2. Phone: 847/375-4712 **(credit card payment only)**
3. Fax: 847/375-6433 **(credit card payment only)**

Cancellation Policy: All cancellations must be made in writing. A \$50 processing fee will apply to all cancellations. No refunds will be made on cancellations postmarked after September 3, 2010. All refunds will be processed after the course. AAHPM reserves the right to substitute faculty or to cancel or reschedule the meeting due to low enrollment or other unforeseen circumstances. If AAHPM must cancel, registrants will receive full credit or refund of their paid registration fee. No refunds can be made for lodging, airfare, or other related expenses.