

**Association of Departments of Family Medicine
February 22-25, 2012, Rancho Mirage, California**

Name: _____

Institution: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (daytime): _____ Fax: _____

E-mail: _____

Guest(s) Name: _____

Registration Fee: \$400.00 (includes Opening Reception 2/22; Breakfast 3 mornings 2/23-2/25, Boxed Lunch 2/23, Reception, Dinner 2/23)

*** OPTIONAL EVENTS WITH ADDITIONAL FEES:**

_____ 2/22 9am-3:30pm Administrators' Preconference **(\$75)**

_____ 2/22 1-5 pm New Chairs Preconference **(\$35)**

_____ 2/22 1-5pm Senior Leaders' Preconference **(\$35)**

_____ 2/22 **Dine-around:** Please indicate which group you will be attending: _____ Administrators ; _____ New Chair/Advisor;

_____ Senior Leaders; _____ ADFM Fellows/Advisors

_____ 2/23 Reception and Dinner

_____ 2/23 **GUEST DINNER (\$75 each - guest only)**

_____ 2/24 Management Dilemmas Dinner and Workshop **(\$75 w/dinner)**

_____ 2/25 Senior Leaders' Post-Conference Lunch **(\$45)**

_____ 2/25 Knowledge, Skills and Tools for Future Oriented Leadership Optional Workshop **(\$50)**

ADDITIONAL PLANNING INFORMATION:

_____ Vegetarian _____ Kosher

_____ This is my first ADFM meeting.

_____ I have been a chair for less than one year.

Role in the Department (i.e., Chair, Acting Chair, Interim Chair, Vice Chair, Administrator)

TOTAL: \$ _____

Method of Payment

Check enclosed, payable to ADFM

Mastercard Visa American Express

Card number: _____ Expiration: _____

Signature: _____

Mail this form with payment to:

ADFM

11400 Tomahawk Creek Parkway

Leawood, KS 66211-2672

Or Fax with credit card information to 913-906-6096.

Online Registration: **adfammed.org/**

Refunds: Requests for refunds must be received in writing by ADFM. 50% of the total meeting registration fee will be refunded if written notification is received in the ADFM office 30 days in advance of the meeting. No refunds will be issued thereafter.