

<u>Registration Fees</u>		<u>Before Oct. 1</u>	<u>After Oct. 1</u>
Physicians	(3 days)	\$ 425.00	\$ 495.00
	(2 days)	375.00	435.00
	(1 day)	200.00	225.00
NP's, PA's, PT's, OT's	(3 days)	275.00	300.00
	(2 days)	200.00	250.00
	(1 day)	125.00	140.00
RN's & PTA's	(3 days)	225.00	275.00
	(2 days)	175.00	200.00
	(1 day)	100.00	125.00
Chiropractic Physicians	(Sunday Only)	150.00	175.00
ATC's, Coaches,	(3 days)	150.00	175.00
	(2 days)	100.00	125.00
	(1 day)	75.00	85.00
Residents, Medical Students, Student Trainers		30.00*	35.00*

CME Hours Available NP's see below

Friday	8.0
Saturday	8.0
Sunday	7.0
Fri, Sat, Sun	23.0

** NP's Fri & Sat : 7.75, Sun 6.5 total: 22.0
NP Pharmacology: Fri: 5.3, Sat: 3.2, Sun: 1.7

CANCELLATION ~ No Penalties ~

To encourage pre-registration, a 100% refund is given if requested by the last day of the conference – November 15, 2009

MAKE CHECKS PAYABLE TO:

Family Medicine Foundation of WV PO Box 359, Flatwoods, WV 26621

QUESTIONS: (304) 765-7839

Sorry, no credit cards accepted

Fax: (304) 765-3838

E-mail: fam.med.foundation@citynet.net

Online registration available July 1 at www.fmfww.org

* same fee 1 day - 3 days

Fees include registration, breakfast, lunch, breaks & Friday evening buffet.

Invoice for payment will be mailed Oct 1st and due on receipt (see above 100% refund policy)

RETURN CME REGISTRATION FORM TO: The Family Medicine Foundation of WV, P O Box 359, Flatwoods, WV 26621

23rd ANNUAL JOSE I RICARD FAMILY MEDICINE & SPORTS MEDICINE CONFERENCE, November 13, 14, & 15, 2009

Name _____ Day(s) Attending (Fri, Sat, Sun) _____

(Please Print)

Profession (MD, DO, DC, PA, RN, NP, PT, ATC etc) _____ Specialty: FP, GP, DO, ER, OB, GYN, IM, Surgery, Other (circle one)

NP and FNP must provide license number for reporting CE hours to the AANP. License # _____

Mailing Address _____ E-mail _____

(If email provided, confirmation of your registration will be emailed to you.)

City, State, Zip _____ Phone _____ Fax _____

Name of Spouse/Guest _____ RSVP Friday Buffet _____ No. attending LIMITED TO 200

Your Spouse/Guest is welcome to visit Exhibit Hall and other events. **Nametags are required. Print name above.**

Amount Paid _____ Check # _____ Ck Date _____ Owes _____