

OAFP Spring SAM - Group Learning Session

(Please print your name)

Email: _____

Phone: _____

Please provide your email address so that meeting materials can be emailed to you prior to the SAM session.

- ATTEND the **Friday, May 21st**, OAFP SAM Group Learning Session – Care of the Vulnerable Elderly, presented by **Jim Mold, MD** (15 Prescribed CME credits)
OUHSC, Bird Library Auditorium

1:15 pm – 5:30 pm Session Begins PROMPTLY at 1:30 pm

OAFP Member registration \$150/SAM Session

Non-Member registration \$375/SAM Session

RSVP by May 14th

I will mail my check (payable to the OAFP)

Please charge my credit card: ____ VISA ____ MasterCard

Name on the card: _____

Account Number: _____ Expiration Date: _____

The American Board of Family Medicine (ABFM) charges an additional a fee, starting at \$78 (the amount depends on when you recertify), to actually take the SAM test online. This fee you will pay directly to the ABFM.

***Please fax your RSVP to 405.840.0138,
Or Call 405.842.0484, toll-free 800.678.6237
Email Chris at velte@okafp.org
Or mail to: Oklahoma Academy of Family Physicians,
1900 NW Expressway, Suite 501, Oklahoma City, OK 73118-1805***