



**Association of Departments of Family Medicine
2022 Annual Conference
June 8-10, 2022 | Denver, CO**

Name: _____

Institution: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____

Telephone (daytime): _____ Fax: _____

Email: _____

Guest(s) Name: _____

Role in the Department: Chair Administrator Associate Member
 Associate Administrator Member Other: _____

Is this your first ADFM meeting? (circle) YES NO

Any dietary restrictions? _____ Vegetarian _____ Gluten Free

REGISTRATION FEE*:

	<u>Member Dues Paid</u>	<u>Renewing Dues with Registration</u>
CHAIR	\$620	\$2,084
SENIOR LEADER	\$620	N/A
ASSOCIATE	\$620	\$1,220
ASSOCIATE (RETIRED/NOT EMPLOYED)	\$620	\$920
ADMINISTRATOR	\$580	\$904
ASSOCIATE ADMINISTRATOR	\$580	\$880

VIRTUAL PACKAGE* \$175

- Audio recording of plenaries and panels (i.e. main stage programming)
- Access to slides and materials
- Virtual discussion "roundtables" (during conference breakfast tables)
- Access to pre-recorded LEADS ignite talks
- Potential opportunity for networking for virtual-only "attendees" depending on interest & registration

OPTIONAL EVENTS WITH ADDITIONAL FEES:

_____ 6/8; 8 am-5:00pm Administrators' Preconference (**\$145**) – *for Administrators only*

_____ 6/8; 1-5 pm Leadership Development: Coaching, Sponsoring, Mentoring Precon (**\$50**) – *open to all attendees; ADFM LEADS Fellows, Senior Leaders, and New Chairs encouraged to attend*

_____ 6/8; 1-5 pm Building Research Capacity Preconference: Creating a Strategic Plan for Research in your Department (**\$50**)– *open to all attendees; BRC Fellows and those interested in growing their research capacity are encouraged to attend.*

_____ 6/9 6:30-8:00pm Leadership and Management Dilemmas Dinner (**\$125**) - *open to all attendees*

_____ 6/10 11:45 am -1:15pm New Chair 101 Lunch (**\$75**) – *New Chairs encouraged to attend*

Conference Registration Fee: \$_____

Optional Events: \$_____

TOTAL: \$_____

Method of Payment: Check enclosed, payable to ADFM Mastercard Visa American Express

Card number: _____ CVV: _____ Expiration: _____

Name on Card: _____

Billing Address: _____

Mail this form with payment to:

ADFM, 11400 Tomahawk Creek Parkway, Suite 240, Leawood, KS 66211-2672

Or fax with credit card information to 913-906-6096

Or register online at: <http://www.adfm.org/Meetings/Registration-Online>

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.

Requirements: To preserve the safety of our members and be conscientious of those around us, attestation to **COVID-19 Vaccination & the Influenza Vaccination** is required. You must also agree to abide by masking regulations and be diligent about safety protocols. For more information on our safety plans please visit: <https://adfm.org/annual-conferences/annual-conference/2022/#5053> **Only legitimate medical conditions will exempt you from the COVID-19 vaccination requirement. Those who are vaccinated are strongly recommended to bring their vaccination card, as many establishments require proof of vaccination to enter.*

Please choose one of the following:

- I attest to having received my COVID-19 vaccination.
- I attest that I have a legitimate medical exemption that has prevented me from receiving my COVID-19 vaccination.

Please choose one of the following:

- I attest to having received my seasonal influenza vaccination.
- I attest that I have a legitimate medical exemption that has prevented me from receiving my seasonal flu vaccination.

I understand that COVID-19 is an extremely contagious disease that can lead to severe illness and death, especially among the unvaccinated. I acknowledge my own desire and voluntary choice to travel to and participate in the 2022 Annual Conference. I assume all risks and accept sole responsibility for any injury (including, but not limited to, personal injury, illness, disability, and death) that I may experience in connection with attending. I hereby waive, release, and hold harmless the ADFM, their employees, agents, contractors, and representatives from any claims, liabilities, actions, damages, losses, costs, or expenses of any kind arising out of or relating to my attendance.

Please sign below to indicate that you have read and understand the statements above and that your statements are true and correct.

First Name & Last Name

Date