



Association of Departments of Family Medicine
2023 Annual Conference
February 22-25, 2023 | Atlanta, GA

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?

- Yes
- No

Any dietary restrictions?

- Vegetarian
- Gluten Free

REGISTRATION FEE*:

| | <u>If Member Dues are Already Paid</u> | <u>If Renewing Dues with Registration</u> |
|----------------------------------|--|---|
| CHAIR | \$650 | \$2,158 |
| SENIOR LEADER | \$650 | N/A |
| ASSOCIATE | \$650 | \$1,268 |
| ASSOCIATE (RETIRED/NOT EMPLOYED) | \$650 | \$958 |
| ADMINISTRATOR | \$600 | \$934 |
| ADMINISTRATOR SENIOR LEADER | \$600 | N/A |
| ASSOCIATE ADMINISTRATOR | \$600 | \$908 |

OPTIONAL EVENTS [SOME WITH ADDITIONAL FEES:]

- 2/22; 8 am-5:00pm Administrators' Preconference (\$150)
Administrators only

- 2/22; 1-5 pm Leadership Development: Tools for Succession & Transition Planning (\$75)
Open to all attendees; ADFM LEADS Fellows, Senior Leaders, and New Chairs encouraged to attend

- 2/22; 1-5 pm BRC: Change Management: A Tool for Meeting your Department's Research Goals (\$75)
Open to all attendees; BRC Fellows and those interested in growing their research capacity are encouraged to attend.

- 2/24; 12:35 - 2:35 pm New Chairs 101 Lunch & Workshop (\$75)
Open to all attendees
- 2/24 5:30 - 6:30 pm LEADS Alumni & Friends Reception (Free)
Open to all attendees, suggested to those who have participated in the LEADS Fellowship or are interested in participating in future years.

- 2/24; 6:30-8:30 pm Leadership and Management Dilemmas Workshop [Dinner Included] (\$125)
Open to all attendees

Conference Registration Fee: \$_____

Optional Events: \$_____

TOTAL: \$_____

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

Card number: _____

CW:_____ 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

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.

As a condition of your attendance at this event, please click the box below to indicate your acknowledgment of, and agreement to the following:

- If I have symptoms of COVID-19 or other contagious illnesses, I will recuse myself from participating in the ADFM conference.

- I agree to follow all instructions and safety precautions posted or provided by ADFM, the conference and/ or event venue, and/or any governing authority during the conference and/or event attendance (which may include wearing masks in all meeting areas). It is understood and agreed that my failure to do so may result in being excluded from the event without refund, reimbursement, or other remuneration.

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 2023 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