



Harris County Academy of Family Physicians

Join us at our next Regular Scientific Meeting

Wednesday, January 8, 2020

6:30 PM Reception/Registration

7:00 PM Dinner & Meeting

The Briar Club

2603 Timmons Lane, Houston (77027)

713-622-3667

Free Parking

“Women’s Health Update: Case Studies in Reproductive Health”

Rebecca Hart, MD

Immediate Past President, Texas Academy of Family Physicians

1 HR AAFP Pending

RSVP BY Friday, January 3. Fax this completed form to the HCAFP Administrative Office, 713-528-0951, or go to www.hcafp.org. Please consider your RSVP confirmation of your reservation.

Your Name	Email Address	Phone Number
<p align="center">Member Benefit!</p> <p align="center">All HCAFP meetings are FREE to current HCAFP members!</p>	<p align="center">Select Your Membership Type:</p> <p><input type="radio"/> HCAFP Member (FREE)</p> <p><input type="radio"/> Resident Member (FREE)</p> <p><input type="radio"/> Student Member (FREE)</p> <p><input type="radio"/> Non-HCAFP Member (\$35)</p>	<p align="center">Residents & Students:</p> <p><i>This section only for current Residents and Students. Please list your current training program:</i></p> <p>Residency Program/Medical School: _____</p> <p>Current Training Year: _____</p>
<p>Guest Information:</p> <p>ONLY healthcare professionals may attend this program. Guest fees must be paid in advance.</p> <p>Guest fees:</p> <p>\$35, Clinician Guest of Member Physician</p> <p>\$10, Clinician Guest of Member Resident/Student</p>	<p align="center">Select Type of Guest:</p> <p><input type="radio"/> HCAFP Member <input type="radio"/> Resident Member</p> <p><input type="radio"/> Student Member <input type="radio"/> Non-Member</p> <p><input type="radio"/> Healthcare Professional — List Credentials (MD, RN, APN, LPN, HCP, PA) _____</p>	<p align="center">Provide name of your guest</p> <p>_____</p>
<p>Dietary Restrictions: Please let us know if you or your guest have any dietary restrictions or request a vegetarian meal.</p>	<p align="center">Dietary Restrictions Apply to:</p> <p><input type="radio"/> Myself <input type="radio"/> My Guest <input type="radio"/> Both</p>	<p><input type="radio"/> Request Vegetarian Meal</p> <p><input type="radio"/> List Dietary Restrictions: _____</p>

Program sponsored by the Harris County Academy of Family Physicians
Additional support provided by Partners in Primary Care.

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