



Harris County Academy of Family Physicians

Join us at our next Regular Scientific Meeting

Wednesday, February 12, 2020

6:30 PM Reception/Registration

7:00 PM Dinner & Meeting

Aquarium—Downtown

410 Bagby (Houston, TX 77002)

713-223-3474

Parking: HCAFP will validate SELF PARKING only.

“Legislative & Regulatory Roadmap 2020: What You Need to Know”

Dan Ballard, JD

Texas Medical Liability Trust

1 HR Ethics CME provided by Texas Medical Liability Trust

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RSVP BY Friday, February 7. 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.

<i>Your Name</i>	<i>Email Address</i>	<i>Phone Number</i>
<p>Member Benefit!</p> <p>All HCAFP meetings are FREE to current HCAFP members!</p>	<p>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>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>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>_____</p> <p style="text-align: center;"><i>Provide name of your guest</i></p>
<p>Dietary Restrictions: Please let us know if you or your guest have any dietary restrictions or request a vegetarian meal.</p>	<p>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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