

2010 Annual Meeting Oklahoma State Medical Association

along with the Oklahoma Academy of Family Physicians

Reed Conference Center - Midwest City
April 16th - 17th, 2010

REGISTRATION FORM



Date _____	Schedule (please complete the 2nd page) _____
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Please put the number attending in the box provided even if there is no charge. List all names on page 2.

Friday April 16th	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;"><input type="checkbox"/></td> <td style="width:20%;">7:30am</td> <td>Legislative Breakfast - No Charge</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>8:30am-12:30pm</td> <td>OSMA CME Mock Trial: Medical Malpractice \$75 members/\$125 non-members</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>12:45pm-1:45pm</td> <td>Luncheon - No Charge</td> </tr> <tr> <td></td> <td>1:30pm-1:55pm</td> <td>OAFP Registration</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>2:00pm</td> <td>OSMA Board of Trustees</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>2:00pm-5:00pm</td> <td>OAFP Mental Health Update presented by Art Rousseau, MD</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>5:00pm-6:00pm</td> <td>Depression METRIC, Mastering Part IV of the Boards (a Tutorial) presented by Mike Pontious, MD</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>5:30pm -7:00pm</td> <td>OSMA Inaugural Reception</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>7:00pm - 11:00pm</td> <td>OSMA/OSMAA Inaugural - \$75</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">For information or to register for OSMA Alliance events, please contact Nancy Bennett at (405) 601-9571 or bennett@okmed.org</p>	<input type="checkbox"/>	7:30am	Legislative Breakfast - No Charge	<input type="checkbox"/>	8:30am-12:30pm	OSMA CME Mock Trial: Medical Malpractice \$75 members/\$125 non-members	<input type="checkbox"/>	12:45pm-1:45pm	Luncheon - No Charge		1:30pm-1:55pm	OAFP Registration	<input type="checkbox"/>	2:00pm	OSMA Board of Trustees	<input type="checkbox"/>	2:00pm-5:00pm	OAFP Mental Health Update presented by Art Rousseau, MD	<input type="checkbox"/>	5:00pm-6:00pm	Depression METRIC, Mastering Part IV of the Boards (a Tutorial) presented by Mike Pontious, MD	<input type="checkbox"/>	5:30pm -7:00pm	OSMA Inaugural Reception	<input type="checkbox"/>	7:00pm - 11:00pm	OSMA/OSMAA Inaugural - \$75
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Name(s) of attendees: _____

PLEASE COMPLETE THE 2nd PAGE

Accreditation Statement: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Oklahoma State Medical Association (OSMA) and the Physicians Liability Insurance Company (PLICO). The OSMA is accredited by the ACCME to provide continuing medical education for physicians.

The OSMA designates this educational activity for a maximum of 4 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Approved for credit toward the PLICO Risk Management premium discount.

CME Planning Committee has no relevant financial relationships to disclose. All Faculty have no relevant financial relationships to disclose.

OAFP Accreditation Statement: This activity has been reviewed and is acceptable for up to 4.00 Prescribed credits by the American Academy of Family Physicians.

AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed credit, not as Category 1.

PLEASE COMPLETE

Name(s) of attendees: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Total due to the OSMA \$ _____

CHECK: Please enclose a check, made payable to the OSMA, for the full payment amount. Partial payments are not accepted.

CHECK(S) INCLUDED

CREDIT CARD: Please charge my payment in full to the credit card listed below. Partial payments are not accepted.

VISA MasterCard Discover AMEX

Signature of Authorized Card Holder: _____

Name appearing on card (Please print): _____

Card Number: _____

3 digit security code: _____ Card Expiration Date: _____

PLEASE MAIL TO ADDRESS BELOW:

Oklahoma State Medical Association, 313 NE 50th Street, Oklahoma City, Oklahoma, 73105

PLEASE CALL THE OSMA WITH ANY QUESTIONS OR CONCERNS:

405-601-9571 or 800.522.9452 FAX: 405.601.9575, osma@okmed.org

CANCELLATION POLICY: Attendance cancellation must be made six business days in advance to receive refund.

HOTEL INFORMATION

Hotel reservations must be made directly with the Sheraton Midwest City Hotel. Please mention the Oklahoma State Medical Association by March 26th to receive the special group rate of \$124.

Sheraton Midwest City Hotel at the Reed Conference Center
5750 Will Rogers Road • Midwest City, Oklahoma 73110
Phone: (405) 455-1800 (800) 325-3535