



COTH TOWN HALL MEETING at CRIP

Friday, January 11 at 7:30 – 9:00 AM

Monday, January 14 at 7:30 – 9:00 AM

Breakfast served at 7:00 AM

You are invited to meet with COTH representatives and members of the CPME 320 Ad Hoc Committee.

This interactive town hall meeting is designed to give you the opportunity to dialogue with your representatives to COTH and members of the committee responsible for reviewing and revising the CPME standards for residency program approval. It is your opportunity to ask questions, exchange information, and voice your opinions.

Should you wish to suggest a topic to be addressed at the town hall meeting, please communicate this to Susan Claffey, sclaffey@aacpm.org.

Attendance at the town hall meeting earns 1.5 CME contact hours.

FACULTY REGISTRATION FORM

AACPM/COTH 2019 CRIP WORKSHOP

COTH Town Hall

This interactive town hall meeting is designed to give you the opportunity to dialogue with your representatives to COTH and members of the committee responsible for reviewing and revising the CPME standards for residency program approval. It is your opportunity to ask questions, exchange information, and voice your opinions. Attendance will earn 1.5 CME contact hours.

Registration Deadline: December 7, 2018

One registration form is required for each faculty member attending.

Registration includes continental breakfast at 7 am.

FULL NAME: _____

HOSPITAL/INSTITUTION: _____

MAILING ADDRESS: _____

PHONE: (____) _____ EMAIL: _____

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**INDICATE DATE of ATTENDANCE** with an "X" in front of the workshop you plan to attend:

**SECTION 1:** \_\_\_ Fri, Jan 11 at 7:30-9:00 am

**SECTION 2:** \_\_\_ Mon, Jan 14 at 7:30-9:00 am

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REGISTRATION FEE*: Registration is free for 2 attendees of AACPM/COTH member institutions.

___ Additional 2018-2019 AACPM/COTH MEMBERS: \$ 75.00*

___ NON-COTH MEMBERS: \$145.00*

**Participation in the workshop requires prepayment of all fees at time of registration.*

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**Please return completed form and any required payment by December 7, 2018.**

To pay by credit card, complete and return credit card payment form and registration to [sortiz@aacpm.org](mailto:sortiz@aacpm.org) or fax to 301-948-1928.

To pay by check, make check payable to: AACPM and mail to:  
AACPM

COTH WORKSHOP  
15850 CRABBS BRANCH WAY \* SUITE 320 \* ROCKVILLE, MD 20855-2622

# CREDIT CARD & ELECTONIC TRANSER PAYMENT FORM

## AACPM COTH CME Workshop Fees

**PLEASE PRINT:**

Name of residency program: \_\_\_\_\_

Today's date: \_\_\_\_\_

I authorize payment to AACPM by credit card in the amount of \$\_\_\_\_\_.

Type of credit card:       VISA       MasterCard

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CV Code: \_\_\_\_\_

Billing Address for charge card holder:

\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Payment by electronic transfer. Amount: \$\_\_\_\_\_

PO# \_\_\_\_\_

Date of transfer: \_\_\_\_\_ Station #: \_\_\_\_\_

AACPM Use Only

2640 430-500 CASPR \_\_\_\_\_ CASPR ID #: \_\_\_\_\_

2630 421-110 COTH \_\_\_\_\_ Date received: \_\_\_\_\_

2650 440-600 CME \_\_\_\_\_ Approval Code: \_\_\_\_\_

CRIP \_\_\_\_\_ MISC \_\_\_\_\_

**aacpm**

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