



Presents

# 2009 Mid-Winter Family Medicine Update



**January 22-25, 2009**  
**Shanty Creek Resort**  
Bellaire, Michigan

**24 hours of AOA Category 1-A CME credits offered**

**Need more information? (800) 657-1556**  
**[www.maofp.org](http://www.maofp.org)**  
**[scarson@mi-osteopathic.org](mailto:scarson@mi-osteopathic.org)**

## **Conference Agenda - All meetings take place at the Summit Village**

### **Thursday, January 22, 2009 5 credits**

1:00 p.m. - 7:00 p.m.	Registration & Sign-In - Summit C Exhibits Open - Summit B&C Lectures - Summit A
1:45 p.m. - 2:45 p.m.	Pharmacological Update, Summit B&C Visit Exhibits
2:45 p.m. - 3:00 p.m.	Opening Remarks, Jeffrey Stevens, D.O., Education Chair
3:00 p.m. - 7:00 p.m.	CME Lectures
7:00 p.m. - 9:00 p.m.	Welcome Reception - hosted by MAOFP Summit D

### **Friday, January 23, 2009 8 credits**

7:00 a.m. - 1:00 p.m.	Registration & Sign-In - Summit C Exhibits Open - Summit B&C Lectures - Summit A
7:00 a.m. - 8:00 a.m.	Continental Breakfast, Summit B&C Supported in part by the Michigan Osteopathic Association
7:00 a.m. - 9:00 a.m.	OMM Update & Workshop
9:00 a.m. - 9:30 a.m.	Pharmacological Update/Break, Summit B&C Visit Exhibits
9:30 a.m. - 11:30 a.m.	CME Lectures
11:30 a.m. - 12:00 p.m.	Pharmacological Update/Break, Summit B&C Visit Exhibits
12:00 p.m. - 3:00 p.m.	CME Lectures
1:00 p.m.	Box lunches will be provided for afternoon lectures
5:00 p.m. - 7:00 p.m.	Stakeholders Membership Meeting/Wine & Cheese Reception Everyone Welcome! Summit HEF

### **Saturday, January 24, 2009 6 credits**

7:00 a.m. - 12:00 p.m.	Registration & Sign-In - Summit C Lectures - Summit A Exhibits Open - Summit B&C (exhibit hall closes at 12:00 p.m. and will NOT be open on Sunday)
7:00 a.m. - 8:00 a.m.	Continental Breakfast, Summit B&C
7:00 a.m. - 9:00 a.m.	OMM Update & Workshop
9:00 a.m. - 9:30 a.m.	Pharmacological Update/Break, Summit B&C Visit Exhibits
9:30 a.m. - 11:30 a.m.	CME Lectures
11:30 a.m. - 12:00 p.m.	Pharmacological Update/Break, Summit B&C Visit Exhibits
12:00 p.m. - 2:00 p.m.	"Stakeholders Round Table" - Semi-Annual Membership Meeting Lunch served - registered attendees only please Summit D
7:00 p.m. - 9:00 p.m.	Reception - hosted by Michigan State University College of Osteopathic Medicine Summit D

**Sunday, January 25, 2009 5 credits**

7:30 a.m. - 12:30 p.m.	Registration & Sign-In - Summit C Lectures - Summit A
7:30 a.m. - 8:30 a.m.	Continental Breakfast, Summit B&C
7:30 a.m. - 10:30 a.m.	CME Lectures
10:30 a.m. - 12:30 p.m.	Risk Management

**CME lecture topics to include the following:**

Immunization Update - Practice Transformation  
Early Diagnosis of Hearing Loss & Intervention - Adrenal Fatigue Issues - Managing your Patient's Pain  
OMM Update & Workshop - Neurology Update - Medical Ethics and Professionalism  
Dermatology Update - Hyperlipidemia Update - Sports Medicine Update  
Diabetes Update - Risk Management - Venous Thrombosis Update

An update of the lecture schedule will be posted on our website once it is available  
[www.maofp.org](http://www.maofp.org)

**CME Accreditation**

The Michigan Osteopathic Association has approved this program for 24 hours of AOA Category 1-A CME credit. Your CME certificate will be mailed to you after the conference and hours will be sent to the American Osteopathic Association for recording. Please keep your certificate as proof of attendance.

***Save the Date!***

**Michigan Association of Osteopathic Family Physicians**

July 30 – August 2, 2009  
Hagerty Conference Center  
Traverse City, Michigan

**American College of Osteopathic Family Physicians**

March 4 – 8, 2009  
Washington, D.C.

**Michigan Osteopathic Association**

May 13 – 16, 2009  
Hyatt Regency  
Dearborn, Michigan

**American Osteopathic Association Convention**

October 30 – November 5, 2009  
New Orleans, Louisiana



# Conference Registration Form

## January 22-25, 2009

Please Print!

AOA #: \_\_\_\_\_ Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

\*Your registration confirmation will be sent to your email address. If you don't have an email address you will receive it by mail.

We accept Visa, MasterCard and Discover. If paying by Credit Card, please complete the following:

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code <sup>(3 digits on back)</sup> \_\_\_\_\_

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

If paying by Check, please make it payable to: MAOFP

### Deadline to Pre-Register is Tuesday, January 20, 2009

Please mark your registration status and fees:

#### Pre-Registration Fees by January 20, 2009

- MAOFP Member \$350  Non-Member \$450  Retired \$200  
Nurses, P.A.'s, Med Techs  (Member) \$350  (Non-Member) \$450  
 \*Residents, Interns & Students \$0 (circle status) \*Pre-registration is required  
 \*Past President of MAOFP \$0 \*Pre-registration is required

#### Registration Fees after January 20, 2009

- MAOFP Member \$400  Non-Member \$500  Retired \$250  
Nurses, P.A.'s, Med Techs  (Member) \$400  (Non-Member) \$500

#### Have you paid your 2009 dues?

Pay them now and receive the reduced member rate.

- Yes, pay my dues now (\$50 annually)

**Refund Policy:** A \$75 processing fee will be assessed to any cancellations made after January 20, 2009.

Send this page with your payment made payable to:

#### Michigan Association of Osteopathic Family Physicians or MAOFP

2445 Woodlake Circle, Okemos, MI 48864  
or Fax with Credit Card number to (517) 347-1566  
Contact (800) 657-1556 for any questions

#### Interested in presenting at any of our upcoming conferences?

Please contact Sara Carson at [scarson@mi-osteopathic.org](mailto:scarson@mi-osteopathic.org) or (800) 657-1556.

- Yes, I am interested in presenting at a future MAOFP conference.

Name: \_\_\_\_\_ Topic/Specialty: \_\_\_\_\_

- No, I am not interested in presenting; however, I would recommend the following person to present.

Name: \_\_\_\_\_ Topic/Specialty: \_\_\_\_\_



SUMMIT VILLAGE
SHANTY CREEK RESORTS

MICHIGAN ASSOCIATION OF OSTEOPATHIC FAMILY PHYSICIANS
January 21-25, 2009

Deadline to reserve a hotel room is December 29, 2008

PLEASE RETURN THIS FORM BY MAIL OR FAX TO:
Reservations Department - Shanty Creek Resorts
One Shanty Creek Road - Bellaire, MI 49615
Fax: 231.533.7004

Check-in begins at 4pm. Check-out is 11am.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Confirmation Email: \_\_\_\_\_ Fax: \_\_\_\_\_

You are welcome to arrive early or extend your stay following this scheduled event. At times specified accommodations are not available prior to or following your event. If the room type requested is not available, we reserve the right to assign the next available room type and rate.

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ # Adults: \_\_\_\_\_ # Children: \_\_\_\_\_

LODGING ONLY

ROOM TYPE:

Table with 5 columns: Room Type, and four price columns. Rows include Guest Room, Studio/Deluxe, One Bedroom Condos, and Two Bedroom Condos.

The above rates are per room per day plus 6% state tax, 8% resort fee and 2% local tax.

The lodging only rates include complimentary skiing on Wed/Thurs/Fri from 9 to 5 p.m.

SKI PACKAGE

ROOM TYPE:

Table with 5 columns: Room Type, 1 ADULT, 2 ADULTS, 3 ADULTS, 4 ADULTS. Rows include Guest Room, Studio/Deluxe, One Bedroom Condos, and Two Bedroom Condos.

The above rates are Per Person per stay and include Three nights lodging, skiing Friday, Saturday, 4 hours on Sunday, all taxes and resort fees.

THIS FORM MUST BE MAILED OR FAXED IN TO RECEIVE THE GROUP DISCOUNTED RATES.

Deposit Policy: You must guarantee your room reservation with a major credit card or a check for deposit of \$100 per room. Credit card WILL BE charged for the above deposit. Debit cards are not accepted for deposit. Refund of your deposit will be made if cancellation occurs at least 5 days prior to arrival, less a \$10 handling fee.

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(If Mailing a Check, Please Note on the Line Above.)

Signature (Required): \_\_\_\_\_

Do you have any special lodging requests?

Barrier Free: \_\_\_\_\_ Non Smoking: \_\_\_\_\_ Other (Please Indicate): \_\_\_\_\_

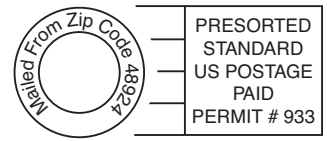
Please tear here and fax or mail forms!







2445 Woodlake Circle  
Okemos, MI 48864



**PRESENTS**

**2009 Mid-Winter Family Medicine Update**

***CME & SKI***

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