

**REGISTRATION FORM: AAPS 2012 HOUSE OF DELEGATES AND ANNUAL SCIENTIFIC MEETING**  
**TO REGISTER BY FAX: 813-830-6599 (CREDIT CARD ONLY) • MAIL: AAPS, 5550 W. EXECUTIVE DRIVE, SUITE 400, TAMPA, FL 33609-1035**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

TO COMPLETE THE REGISTRATION FORM DO THE FOLLOWING:			Early Registration By Mar 23, 2012	Still-Time-To Reg By June 1, 2012	Late/On-Site After June 1, 2012
	<b>1.</b> Review Important Registration Information. <b>2.</b> Select one of three registration packages (Business, CME, Discount Package). <b>3.</b> Select from Additional Options (Medical Ethics Course, Welcome Reception, President's Dinner). <b>4.</b> Review registration table on right and circle your registration choice. Enter fee amount in subtotal.	AAPS Diplomate/ Emeritus/Member	Business Package	\$295	\$495
CME Package			\$525	\$725	\$925
Discount Package			\$725	\$1125	\$1525
Presenter REGISTRATION REQUIRED BY JANUARY 31, 2012		Business Package	\$295	NA	NA
		CME Package	\$325	NA	NA
		Discount Package	\$525	NA	NA
AAPS Retired		Business Package	\$295	\$495	\$695
		CME Package	\$325	\$525	\$725
		Discount Package	\$525	\$925	\$1395
Non-Member		CME Package	\$650	\$850	\$1050

Package Total \$ \_\_\_\_\_

**MEDICAL ETHICS COURSE - FRIDAY, JUNE 29** ..... \$ 450 per person x \_\_\_\_\_ (# attending) = Medical Ethics Registration Total \$ \_\_\_\_\_

**NO ONE WILL BE ADMITTED TO ANY SESSIONS INCLUDING MEALS WITHOUT A VALID BADGE**

**WELCOME RECEPTION - MONDAY, JUNE 25** ..... \$ 0 per person x \_\_\_\_\_ (# tickets) = Welcome Reception Total \$ 0.00  
 (Complimentary, but you must register)

**PRESIDENT'S AWARDS DINNER - TUESDAY, JUNE 26** ..... \$ 125 per person x \_\_\_\_\_ (# tickets) = President's Dinner Total \$ \_\_\_\_\_

**MEETING REGISTRATION PAYMENT**  Check enclosed  American Express  MasterCard  Visa Grand Total to be charged: \$

Cardholder's Name \_\_\_\_\_ Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Mailing Address \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

**ALL PARTICIPANTS MUST COMPLETE DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS BELOW**

**I DO NOT HAVE A RELEVANT FINANCIAL RELATIONSHIP WITH A COMMERCIAL INTEREST.** (You MUST list relevant financial relationships below)  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**I DO HAVE A RELEVANT FINANCIAL RELATIONSHIP WITH A COMMERCIAL INTEREST.** (You MUST list relevant financial relationships below)  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**First**, list the names of proprietary entities producing health care goods or services, consumed by, or used on, patients, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

**Second**, describe what you or your spouse/partner received (ex: salary, honorarium etc). The American Association of Physician Specialists, Inc. does NOT want to know how much you received.

**Third**, Describe your role.

1. Commercial Interest (Example: Company 'X')	Nature of Relevant Financial Relationship (Include all those that apply)	
	2. What was received (Example: Honorarium)	3. For what role? (Example: Speaker)

**Example Terminology**

**What was received:** Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

**Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities (please specify).

**Glossary of Terms**

**Commercial Interest:** The ACCME defines a "commercial interest" as any proprietary entity producing health care goods or services, used on, or consumed by, patients, with the exemption of non-profit or government organizations and non-health care related companies.

**Financial relationships:** Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

**Relevant financial relationships:** ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

**Conflict of Interest:** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.