

**REGISTRATION FORM: AAPS 2017 HOUSE OF DELEGATES AND ANNUAL SCIENTIFIC MEETING**  
**REGISTRATION OPTIONS: ONLINE: WWW.AAPSUS.ORG • FAX: 813-830-6599 • 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 \_\_\_\_\_  
 Special Diet Needs:  Vegetarian (No Fish)  Vegetarian (Fish OK)  Other \_\_\_\_\_  
 Would your spouse/partner like to receive communications from the AAPS Auxiliary? \_\_\_\_\_ Spouse/Partner Email Address \_\_\_\_\_

TO COMPLETE THE REGISTRATION FORM:	Registration Packages		Late/On-Site After June 16, 2017
	1. Review Important Registration Information.	<b>BUSINESS PACKAGE (JULY 7-9)</b>	
2. Select registration package/s (Business and/or CME Package).	Diplomates/Members Only	<input type="checkbox"/>	\$225
3. Select from Additional Options below.	<b>CME PACKAGE (JULY 10-11)</b>		
4. Add Package Registration total and total/s for Additional Options and enter total in Grand Total to be charged.	Diplomate/Emeritus/Regular Member	<input type="checkbox"/>	\$925
5. Provide payment information.	Speaker	<input type="checkbox"/>	NA
6. Complete disclosure of relevant financial relationships.	Retired Member	<input type="checkbox"/>	\$725
	Non-Member	<input type="checkbox"/>	\$1050

**ADDITIONAL OPTIONS:** Packages Total \$ \_\_\_\_\_

**WELCOME RECEPTION - FRIDAY, JULY 7** ..... \$ 0 per person x \_\_\_\_\_ (# tickets) = ..... Welcome Reception Total \$ **\$0.00**  
 (Complimentary, but you must register)

**AUXILIARY CHOCOLATE EXPERIENCE - SATURDAY, JULY 8** ..... \$ 25 per person x \_\_\_\_\_ (# tickets) = ..... Chocolate Experience Total \$ \_\_\_\_\_

**PRESIDENT'S AWARDS DINNER - SATURDAY, JULY 8** ..... \$ 150 per person x \_\_\_\_\_ (# tickets) = ..... President's Dinner Total \$ \_\_\_\_\_

**MEDICAL ETHICS COURSE - WEDNESDAY, JULY 12** ..... \$ 450 per person ..... Medical Ethics Registration Total \$ \_\_\_\_\_

**MEETING REGISTRATION PAYMENT**  Check enclosed  AMEX  Discover  MasterCard  Visa Grand Total to be charged: \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Name on Card \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

**CONSENT TO USE PHOTOGRAPHIC IMAGES**

Registration and attendance at our meetings and other activities constitutes an agreement by the registrant to AAPS's use and distribution (both now and in the future) of the registrant's or attendee's image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities.

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

**I DO NOT have a relevant financial relationship with a commercial interest.**  
 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 commercial interests (defined in the "Glossary of Terms" below) 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, fee, research grant, 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, research grant, consulting fee, speaker fee, 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 entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

**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.