## PAFP MEMBER REGISTRATION PROCESS

1. Click "Sign In" to receive your discounted membership rate and access to member only sessions.

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- 2. Use your PAFP Event Portal Login Information.
  - a. Username is proper first name, and a period, last name, all lowercase
  - b. Password is AAFP ID number with a "!" following
    - i. Contact PAFP if you need assistance logging into your portal.

Welcome to Physicians, y	he PAFP member portal. If you are a member of the Pennsylvania Academy of Family ou already have login credentials. Your username and password are as follows:
<ul><li>Usern</li><li>Passw</li></ul>	ame is proper first name, and a period, last name, all lowercase; e.g., thomas.jackson ord is AAFP ID number with a "!" following; e.g., 1234567!
* If you have ar 7557 or Janine	y questions regarding your YM account, please contact Lindsey Killian (LKILLIAN@PAFP.COM) at 717-395 Dwen (JOWEN@PAFP.COM) at 717-418-0398.
thomas.jack	<u>20</u>
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3. Click the blue "Register" button.



- 4. Select your attendance type under the attendee type. Then click next
  - a. You may only select one attendee type per registrant.

Attendee Type	Attendee Info	Attendee Selections	
Please select on	e of the following		
edford Full Co cheduled for	onference Attend Saturday. You ca	lance: The ticket DOE n add the KSA to you	5 NOT include the cost of the KSA (formerly SAM) session registration for an additional \$139.
edford One D elect the one SA (formerly 139.	ay CME Conferen day you plan to a SAM) session sc	ice Attendance: One d attend under the avai heduled for Saturday.	ay ticket includes CME sessions scheduled for just one day- able sessions. The ticket DOES NOT include the cost of the You can add the KSA to your registration for an additional
Gedford Two D elect the two (SA (formerly (139.	ay CME Conferer days you plan to SAM) session sc	nce Attendance: Two ( attend under the ava heduled for Saturday.	lay ticket includes CME sessions scheduled for two days ilable sessions. The ticket DOES NOT include the cost of the You can add the KSA to your registration for an additional
PAPP Commiss board meeting	sion and Board M . There is no CMI	eeting Only: This tick E credit with the mee	et allows entrance into the commission meetings and PAFP ings.
PAFP KSA CME	Only: The KSA ( additional registr	formerly SAM) topic is ation fee for the KSA	s Women's Health scheduled for Sat., Nov. 9 from 8:30 am - includes study materials and registration with the ABFM.
z:50 pm. the a			

5. Enter your personal information. Be sure to complete each required field. You must click the reCAPTCHA box to confirm you are not a spammer. Then click next. Note—if you make any edits and click back, the reCAPTCHA check will be removed and you must click it again to proceed with your edits.

Attendee Type	Attendee Info At	ttendee Selections
Registration Info	rmation	
* Required Field	3	
Event Name	PAFP E	Bedford CME Conference
Your Name *	First N	Vame Last Name
Email Address *		
<u>Credentials</u> *		
<u>Special</u> <u>Requests</u>		
Emergency Contact Person *		
Emergency Contact Phone Number *		
<u>Practice</u> Location *		
<u>Moderator</u> Volunteer *	0 Yes	5
I'm not a ro	bot reCAPTCH Privacy-Tan	HA,
Next		This is the reCAPTCHA box you must check to proceed.

6. Then select your registration type and any subsequent sessions. Then click "Save & Finalize Registration" if you are ready to proceed to payment. If you plan to register a guest or a fellow colleague, you may click "Save & Add Another Attendee" to begin their registration.

Full Conference Attendance with KSA and the PAFP Board of Directors Meeting:

Please sel	ect one of the following (required)		
Bedfor	rd Full Conference (more) Regularly: \$399.00 Early Bird Price: \$269.0	00	
Please sel	ect any sessions you wish to attend		
Comm	ission Meeting & Board Meeting	Starts	Ends
	Continuing Professional Development Committee Meeting Presenter: Janine Owen	3:00:00 PM	4:30:00 PM
	Legal & Government Affairs Committee Meeting <b>Presenter</b> : Brent Ennis	3:00:00 PM	4:30:00 PM
	Resident & Student Affairs Committee Meeting Presenter: Molly Talley	3:00:00 PM	4:30:00 PM
۲	PAFP Board of Directors Meeting Presenter: Dr. Mary Stock Keister	4:30:00 PM	6:30:00 PM
Saturd	ay, November 9, 2019	Starts	Ends
	Knowledge Self Assessment (KSA) Study Group Add-On 📳 Presenter: Americo Fraboni, MD & David Glenn Weismiller, MD, ScM, FAAFP	8:30:00 AM	2:30:00 PM
	Please select one of the following (required)		
	<ul> <li>Bedford KSA Add-On (more)</li> </ul>	Price: <del>\$139.00</del>	Your Price: \$139.00

## One Day CME Attendance with KSA:

Please sele	ect one of the following (require!)		
Bedfor	d One Day CME (more) Regularly: <del>\$179.00</del> Your Price: \$129.00		
Please sele	ect any sessions you wish to attend		
Commi	ission Meeting & Board Meeting	Starts	Ends
	Continuing Professional Development Committee Meeting Presenter: Janine Owen	3:00:00 PM	4:30:00 PM
	Legal & Government Affairs Committee Meeting <b>Presenter</b> : Brent Ennis	3:00:00 PM	4:30:00 PM
	Resident & Student Affairs Committee Meeting <b>Presenter</b> : Molly Talley	3:00:00 PM	4:30:00 PM
	PAFP Board of Directors Meeting Presenter: Dr. Mary Stock Keister	4:30:00 PM	6:30:00 PM
One &	Two Day CME Only Selection	Starts	Ends
	Friday CME	7:45:00 AM	5:30:00 PM
	Saturday CME 📳	7:00:00 AM	4:00:00 PM
	Sunday CME	7:30:00 AM	12:00:00 PM
Saturd	ay, November 9, 2019	Starts	Ends
<b>a</b>	Knowledge Self Assessment (KSA) Study Group Add-On 📑 Presenter: Americo Fraboni, MD & David Glenn Weismiller, MD, ScM, FAAFP	8:30:00 AM	2:30:00 PM
	Please select one of the following (required)		
	Bedford KSA Add-On (more)	Price: <del>\$139.00</del>	<u>Your Price</u> : \$139.0

## Two Day CME Attendance without KSA:

Please sel	ect one of the following (required)		
Bedfor	rd Two Day CME (more) Regularly: <del>\$358.00</del> Your Price: \$258.	.00	
Please sel	ect any sessions you wish to attend		
Commi	ission Meeting & Board Meeting	Starts	Ends
	Continuing Professional Development Committee Meeting <b>Presenter</b> : Janine Owen	3:00:00 PM	4:30:00 PM
	Legal & Government Affairs Committee Meeting <b>Presenter:</b> Brent Ennis	3:00:00 PM	4:30:00 PM
	Resident & Student Affairs Committee Meeting <b>Presenter</b> : Molly Talley	3:00:00 PM	4:30:00 PM
	PAFP Board of Directors Meeting <b>Presenter</b> : Dr. Mary Stock Keister	4:30:00 PM	6:30:00 PM
One &	Two Day CME Only Selection	Starts	Ends
	Friday CME	7:45:00 AM	5:30:00 PM
	Saturday CME 🔚	7:00:00 AM	4:00:00 PM
	Sunday CME	7:30:00 AM	12:00:00 PM
Saturd	lay, November 9, 2019	Starts	Ends
	Knowledge Self Assessment (KSA) Study Group Add-On <b>Presenter</b> : Americo Fraboni, MD & David Glenn Weismiller, MD, ScM, FAAFP	8:30:00 AM	2:30:00 PM

## KSA Attendance Only:

Attendee Type	Attendee Info	Attendee Selections		
Please select or	ne of the following (r	equired		
<ul> <li>Bedford KS</li> <li>Please select ar</li> </ul>	A CME Only (mor	e) Pride: \$169.00		
Save & Add A	Another Attendee	Save & Finalize Registrati	ion	

- 7. Enter your payment information. If you have a promo code, enter it under the "Payment Information" section and click "Apply."
  - a. If you plan to use your reward points, select the "Bill Me" option under the promo code box. <u>Proceed with your check-out and email</u> <u>Lindsey Killian</u> (<u>LKILLIAN@PAFP.COM</u>) for additional instructions to redeem your reward points discount.

Please enter your add	ress and billing information in the form below.					
<b>Recipient Information</b>	1					
First Name:*	Lindsey	SSL SECURED				
Middle Name:		THIS SITE SECURED BY SSL ENDRYPTION				
Last Name:*	Killian					
Suffix:						
Organization:						
Address:*						
City/Town:						
Country: *	×					
Location:*						
Destal Codert						
Postal Code:"						
Home Phone:						
Business Phone:						
Mobile Phone:						
Email Address:*						
Confirm Email						
Address."						
Payment Information					1	
Total Amount:	\$169.00	lf vou ha	ve a	noromo code, enter it		
Promo Code	Apply	hore and		w "Angle "		
Payment Type:	Bill Me	nere and		ск Арріу.		
	Credit Card					
Card Tupers	- -	For the r	ewa	ard points discount.		
Card Number*		uso tho "	'Dill	Mo" option		
Card Wumber."	Others is shie?	use the	ЫШ	ivie option.		
Card CVV Number:*	(vvnat is this?)				1	
Exp. Date:"	/ (mm/yyyy)					
Check here if the	billing address is the same as the recipient information					
Name on Card:*						
Organization:						
Address:*			1			
				Additional Customer Information		
City/Town:				Please Enter Comments Below:		
Country: *						
Location: *						
Postal Code:*						
Phone:*						
PO	Only Alphanumaric C	haracters Allowed				
Additional Customer	Information ats Below:			Proceed To Confirmation >>		
Prease citter comme	ILS DEIGHT					

8. Verify your order and information is correct. Then click 'Complete Order" to complete your registration.

First Name:	Lindsey		A \$50	
Middle Name:			THIS BY SS	SITE SECURED L ENCEYPTION
Last Name:	Killian			
Suffix:	Killian			
Address:	2704 Commerce Drive			
	Suite A			
City/Town:	Harrisburg			
location:	Pennsylvania			
Postal Code:	17110			
Country:	United States			
Organization:	PAFP			
Home Phone:	7173957557			
Business Phone:				
Mobile Phone:				
Email Address:	lkillian@pafp.com			
Payment Informa	ition			
Bill To Name:	Lindsey Killian			
Organization:	PAFP			
Address:	2704 Commerce Drive			
	Suite A			
City:	Harrisburg			
Location:	Pennsylvania			
Postal Code:	17110			
Country:	United States			
Phone:	7173957557			
PO:				
Additional Custor	mer Information			
		-		
Qty. Pr	oduct	P	rice	
1 ве	edford Full Conference	\$	399.00	
Ea	rly Bird Discount Applied	(5	(30.00)	
		Subtotal:	369.00	
		Grand Total:	369.00	Edit Cart