

# 2024 FSACOFPP / FOMA Virtual Convention & Family Medicine Update

## July 26-27, 2024 23 AOA I-A CME Hours



### Earn Your Florida Mandatory CME Hours:

**1 hour of:** Florida Laws & Rules and Professional Medical Ethics

**2 Hours each of:** Prescribing Controlled  
Substances and Prevention of Medical Errors



## Registration Form

Name (please print) \_\_\_\_\_  
FSACOFPP / FOMA Member Yes / No AOA # \_\_\_\_\_ FI License # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Specialty \_\_\_\_\_ Certification \_\_\_\_\_  
Osteopathic College \_\_\_\_\_ Graduate Year \_\_\_\_\_  
Signature (for CMEs) \_\_\_\_\_

### Please Choose Appropriate Category Below:

	FSACOFPP/FOMA Member Rate	Non-Member Rate
_____ Practicing DO	\$450	\$650
_____ Resident	\$100	\$300
_____ Retired / Military / Public Health	\$275	\$325
_____ Florida Mandatory Hours Only	\$300	\$550
<b>Registration Total:</b>	\$ _____	\$ _____

\*Payment (Circle) Check / VISA / MasterCard / American Express / Discover Signature \_\_\_\_\_  
Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ V Code \_\_\_\_\_  
Credit Card Billing Address and Mailing are the same  or Billing Address \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please make checks payable to FSACOFPP and mail to:  
FSACOFPP  
2544 BlaiStone Pines Drive, Tallahassee FI 32301

Registration forms may be emailed to [Andrew@foma.org](mailto:Andrew@foma.org) or faxed to (850)942-7538

Questions? Call the Florida Society ACOFP at (850)878-0213