District of Columbia Academy of Family Physicians
& Howard University

present

“Improving Patient Outcomes in Primary Care”
Health Literacy Conference
Saturday April 26, 2008
8:30AM-2:30PM

Howard University, Washington, DC

REGISTRATION FORM

Name ___________________________________________ Credentials: __________________________

Organization: ___________________________________________ Title: __________________________

Address: __________________________________________________________________________________

City: __________________________________ State: __________ Zip Code: __________________

Telephone: __________________________________ Fax: ___________________

Email (required for confirmation): __________________________________________________________

Specialty: ____________________________ Years in Practice: ________________

Major Role: □ Practicing Physician □ Faculty □ Resident □ Researcher □ Other __________________

Type of Practice: □ Solo □ Group □ Community Health Center

Affiliation(s) Select all that apply: □ DC AFP □ DE AFP □ MD AFP □ PA AFP □ VA AFP
□ Practice Based Research Network □ Other: __________________

Hotel accommodations:
We will reserve a block of rooms, which will be available on a first-come, first-serve basis. If you
need a sleeping room, you must indicate this below. Your name will be placed on our hotel rooming
list and you will receive an email confirmation number a few weeks before the conference.

Please reserve a sleeping room for the night of: ______ Friday, April 25th

Please register by: Friday, March 28, 2008
Registration forms will be accepted on a first-come, first-serve basis until spaces are filled.
Please mail, fax or email form to:

Howard University College of Medicine
520 W Street, NW, Suite 2400
Washington, DC 20059
Phone: 202/806-9849 Fax: 202/806-4898
Email: dcprimcare@howard.edu

For conference information visit http://www.dcprimcare.org/news/default.htm