

**Virginia Academy of Family Physicians  
2010 Family Physician of the Day  
Participation Form**

Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

As the Family Physician of the Day, you will be responsible for staffing the courtesy medical station from 9 am to 3:30 pm on your chosen day. Directions and more specific information will be provided with confirmation of your assigned date.

**January 2010**

Monday	Tuesday	Wednesday	Thursday	Friday
		13	14	15
18	19	20	21	22
25	26	27	28	29

I will participate in the 2010 General Assembly Family Physician of the Day Program sponsored by the Virginia Academy of Family Physicians. (VAFP) **dates are already reserved!!!** I have chosen the following 3 dates from the calendar that I will be able to participate. I have listed the dates in order of preference. (Note: every effort will be made to provide you with your first choice)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**February 2010**

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

Please return the completed Participation Form to:

VAFP  
1503 Santa Rosa Rd.  
Suite 207  
Richmond, VA 23229  
Phone: 800/843-8237  
Fax: 804/968-4418  
Email: [mschulte@vafp.org](mailto:mschulte@vafp.org)

**March 2010**

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
8	9	10	11	12

\* Dates marked with the VAFP have already been reserved.