

**Virginia Academy of Family Physicians
2012 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 2012

Monday	Tuesday	Wednesday	Thursday	Friday
		11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

I will participate in the 2012 General Assembly Family Physician of the Day Program sponsored by the Virginia Academy of Family Physicians. (VAFP) 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 2012

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29		

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

March 2012

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
5	6	7	8	9