Activities will be held at the South Waterfront Campus at the Center for Health & Healing (CHH) in the Kirk Auditorium, third floor. The cost for full day CME is $90. Half day CME is $45 and $55 if you wish to include lunch. After August 16, 2010, please add $20 late fee. No charge for the 2010 Master Teachers or for the donors who are members of the Robert B. Taylor, M.D. Society for 2010, but all must register.

**CREDIT HOURS**

This activity has been reviewed and is acceptable for up to 7.0 Prescribed credits by the American Academy of Family Physicians. AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician’s Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed credit, not as category 1.

**PARKING**

If you plan to park at the CHH Schnitzer lot, you will need to purchase a parking pass for $10.00. Please see the Registration Form.

**COME UNCORKED WITH OAFP!**

The Oregon Academy of Family Physicians will be holding the First-ever OAFP wine-tasting benefit on Friday, August 27 at the OHSU Center for Health and Healing at the 5th Floor Atrium from 5:30-8:30 pm. Spend a summer evening sampling wines from across the Northwest, socializing with friends and colleagues, and nibbling on savory starters, all while supporting locum tenens relief for our rural family physicians. Tickets will go on sale in May. For more information contact Lynn Estuesta at mail@oafp.org.
Morning Program

Merle Pennington, M.D.  
LECTURES IN FAMILY MEDICINE  
Friday, August 27, 2010

8:30-8:55 am Registration: 3rd floor of The Center for Health & Healing at South Waterfront Campus

8:55-9:00 am Welcome and Orientation  
Robert B. Taylor, MD

9:00-9:30 am Hepatitis Update  
Bruin Ruge, MD

9:30-10:00 am Common Neurologic Problems  
Jessie Flynn, MD

10:00-10:30 am Hot Button Issues in Screening  
William Gillanders, MD

10:30-10:50 am Questions and Answers

10:50-11:10 am Refreshment Break

11:10-11:40 am Approach to the Patient with Chest Pain  
Scott Fields, MD

11:40-12:10 am Common Fractures  
Charles Webb, DO

12:10-12:30 pm Questions and Answers

12:30-1:15 pm Box Lunch & Discussion with Speakers: Continued Q & A

1:15-1:30 pm Master Teacher Awards

1:30-2:45 pm Merle Pennington Lecture: Current Issues in Managing Low Back Pain  
Rick Deyo, MD, PhD

Afternoon Workshops

Time #1: 2:45-4:00 p.m.

Workshop #1  
Evidence Based Maternity Care  
Johanna Warren, MD

Workshop #2  
Psoriatic & Other Inflammatory Arthritis  
Steve Wahls, MD

Workshop #3  
Splinting and Casting Workshop  
Thayer White, MD

4:00-4:15 pm Refreshment Break

Time #2: 4:15 - 5:30 p.m.

Workshop #4  
EKG Workshop  
John Saultz, MD

Workshop #5  
Heart Disease in Women  
Chip Taylor, MD

Workshop #6  
Brief Negotiated Interview & Substance Abuse Patients  
John Muench, MD

5:30 pm Wrap Up and Evaluation

Pre-Registration Required

Merle Pennington, M.D.  
LECTURES IN FAMILY MEDICINE  
Friday, August 27, 2010

Early Registration Deadline is August 16, 2010.

Time #2: 4:15 - 5:30 p.m.

Workshop #1  
Evidence Based Maternity Care  
Johanna Warren, MD

Workshop #2  
Psoriatic & Other Inflammatory Arthritis  
Steve Wahls, MD

Workshop #3  
Splinting and Casting Workshop  
Thayer White, MD

4:00-4:15 pm Refreshment Break

Time #2: 4:15 - 5:30 p.m.

Workshop #4  
EKG Workshop  
John Saultz, MD

Workshop #5  
Heart Disease in Women  
Chip Taylor, MD

Workshop #6  
Brief Negotiated Interview & Substance Abuse Patients  
John Muench, MD

5:30 pm Wrap Up and Evaluation

Packages Available

CME Full Day Package  
$90.00 each (lunch included)  
Total $_______

After August 16, $110.00 each  
Total $______

CME 1/2 Day Package  
$55.00 with lunch  
$45.00 without lunch

After August 16, add $20 late fee  
Total $_______

If 1/2 Day, indicate session:  
_____ morning  _____ afternoon

Attending Workshop #s ___ & ___

Parking Pass/CHH Schnitzer Lot  
$10.00 (one per vehicle)  
Total $_______

Total Enclosed: $_______

Make check payable to “OHSU Foundation.”

Please write “OHSU Family Medicine” on the check. OR Charge my:

______ VISA  ____ MC

Name__________________________

Card/Acct #____________________

Expiration Date__________________

Signature______________________

Please send to:

Coelleda O’Neil, OHSU Family Medicine
OHSU School of Medicine, Mail Code: FM
3181 SW Sam Jackson Park Road
Portland, OR 97239-3098