### Morning Program

<table>
<thead>
<tr>
<th>Times</th>
<th>Topic</th>
<th>Speakers</th>
</tr>
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<tbody>
<tr>
<td>8:30 – 8:55 am</td>
<td>Registration</td>
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<tr>
<td>8:55 – 9:00 am</td>
<td>Welcome and Orientation</td>
<td>Robert B. Taylor, MD</td>
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<td>9:00 – 9:30 am</td>
<td>Abnormal Pap Smear</td>
<td>Bruin Rugge, MD</td>
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<td>9:30 – 10:00 am</td>
<td>Common Neurologic Problems</td>
<td>Jessie Flynn, MD</td>
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<td>10:00 – 10:30 am</td>
<td>Hot Button Issues in Screening</td>
<td>William Gillanders, MD</td>
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<td>10:30 – 10:50 am</td>
<td>Questions and Answers</td>
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<td>10:50 – 11:10 am</td>
<td>Refreshment Break</td>
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<tr>
<td>11:10 – 11:40 am</td>
<td>Approach to the Patient with Chest Pain</td>
<td>Scott Fields, MD</td>
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<td>11:40 – 12:10 am</td>
<td>Common Fractures</td>
<td>Charles Webb, DO</td>
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<tr>
<td>12:10 – 12:30 pm</td>
<td>Questions and Answers</td>
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<td>12:30 – 1:15 pm</td>
<td>Buffet Lunch and Discussion with the Speakers</td>
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<td>1:15 – 1:30 pm</td>
<td>Awards</td>
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<tr>
<td>1:30 – 2:45 pm</td>
<td>Merle Pennington Lecture:</td>
<td>Rick Deyo, MD, MPH</td>
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<td>Current Issues in Managing Low Back Pain</td>
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### Concurrent Afternoon Seminars

**Time #1: 2:45 – 4:00 PM**

- Workshop 1: Evidence Based Maternity Care  Johanna Warren, MD
- Workshop 2: Psoriatic and Other Inflammatory Arthritides  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 PM**

- Workshop 4: EKG Workshop  John Saultz, MD
- Workshop 5: Heart Disease in Women  Chip Taylor, MD
- Workshop 6: Effective Brief Interventions for Alcohol & Substance Abuse  John Muench, MD & Meg Hayes, MD

5:30 pm  Wrap Up and Evaluation

5:30 – 8:30 pm  Come Uncorked with OAFP  First-ever OAFP wine-tasting event  CHH 5th floor Atrium  Contact Lynn Estuesta  mail@oafp.org
Pennington Lectures

The morning program and afternoon workshop information are listed on page 8.

When filling out the Registration Form, please indicate the workshop you plan on attending in each time frame:

Time #1: 2:45 – 4:00 pm
Time #2: 4:00 – 5:30 pm

This will help us decide the best location for each workshop.

Activities and Tuition

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 which to include lunch. After August 16, 2010, please add $20 as a late fee.

No charge for the 2010 Master Teachers or for the donors who are members of the Robert B. Taylor, MD Society for 2010.

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.

Pre-Registration Required

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

Early Registration Deadline is August 16, 2010

Name ________________________________
Address ____________________________________________
City _______ State ___ Zip __________
Phone: Day _______ Eve __________
Fax ____________________________ E-mail _______________________

Packages Available

___ CME Full Day Package
   $90.00 each
   OR
___ After August 16, $110.00 each
____ CME 1/2 Day Package
   $45.00 w/o lunch
   $55.00 with lunch
   $45.00 w/o lunch
   After August 16, add $20 late fee

Total ______________

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

Attending Workshop #s ___ & ___

____ Parking at 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    _____ AmEx    _____ Discover

Name ____________________________
Card/Account __________________________
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