

<b>Activity Title:</b>	Practical Strategies for Diagnosing & Treating Depression in Women at Midlife and Beyond
<b>Activity Code:</b>	2007 DiW (2007-MAY-23 Satellite)
<b>Activity Date(s):</b>	May 23, 2007
<b>Location:</b>	Satellite Broadcast
<b>Maximum Credits Available</b>	2 Hours, Category 1, PRA/AMA 2 Hours, Category 1A, AOA 2 Contact Hours, TNA/ANCC <i>Application for CME credit has been filed with the American Academy of Family Physicians. <b>Determination of credit is pending.</b></i>

**Instructions:**

Please complete this form and return it to the coordinator at the conclusion of the activity. This serves as your "sign-in sheet" and is the **ONLY** record of your attendance. Credit cannot be awarded and attendance cannot be verified unless this form is returned.

PLEASE PRINT CLEARLY	<b>FULL NAME</b>			<b>DEGREE(s)</b>		
	<b>Last Four Digits of SSN or AOA Number (for tracking)</b>					
	<b>MAILING ADDRESS</b>					
	<b>CITY</b>		<b>ST</b>		<b>ZIP</b>	
	<b>PHONE</b>		<b>FAX</b>			
	<b>E-MAIL ADDRESS</b>					

**Please note:** Your certificate will be mailed to the address above within four weeks.

**CREDIT REQUEST (please check one):**

- I participated in the entire activity and claim the maximum number of credits offered
- I did not complete the entire activity, but I claim \_\_\_\_ hours/credits
- This activity does not offer my desired credit type, but I request a certificate of completion
- I am a member of the AAFP and I am requesting AAFP credit.

<b>Signature</b>	<b>Date</b>
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Please return this form to the conference coordinator before you leave. In the event this form is not returned on-site, please fax it no later than five business days from the conclusion of the activity to: 817-735-2598.

I would like to receive a self study monograph that has additional credit.  Yes  No