# THE BUFFALO DISTRICT OF THE NEW YORK CHAPTER AMERICAN COLLEGE OF PHYSICIANS



744 Broadway Albany, NY 12207

www.nyacp.org

P: 518-427-0366; F: 518-427-1991

Cordially invites you to attend the following dinner meeting and educational program:

## INCORPORATING MEDICATION ASSISTED TREATMENT FOR OPIOID USE DISORDER INTO PRIMARY CARE PRACTICE

After attending this program, physicians will be knowledgeable about medication assisted treatment (MAT) and will have the tools and confidence to bring MAT into their practices.

## Speaker:

## Joseph R. Sellers MD, FAAP, FACP

Eastern Region Medical Director Bassett Healthcare Network

### Thursday, November 8, 2018

6:00pm - Registration/6:30pm - Dinner & Educational Program

#### **Protocol Restaurant**

6766 Transit Road, Williamsville, NY 14221

To secure a reservation PRE-REGISTRATION IS REQUIRED. Please provide the information below and return with

payment. The deadline for reservations or to request refunds due to cancellation (less any processing fees) is Monday, 11/5/18.

Name: \_\_\_\_\_\_\_ ACP Member - ID # \_\_\_\_\_\_\_

Office Address: \_\_\_\_\_\_ City: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_

Office Phone: \_\_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_\_\_

Wegetarian option requested \_\_\_\_\_\_

Meeting Registration Fee: ACP Members \$30.00 per person/ Non-ACP Members \$40.00 per person I would like to sponsor a resident/med student member; \_\_\_\_\_\_ \$25; Nonmember \_\_\_\_\_\_ \$35

Resident/ Student Name \_\_\_\_\_\_\_ ; E-Mail Address \_\_\_\_\_\_\_

Payment Methods: \_\_\_ Check - payable to: NYACP, 744 Broadway, Albany, NY 12207

AMEX / \_\_\_ Visa / \_\_ Mastercard / \_\_\_ Discover Credit Card # \_\_\_\_\_\_

V Code # \_\_\_\_\_ Name on Card \_\_\_\_\_\_

Billing Address (including Zip Code) \_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_ Signature \_\_\_\_\_\_

FAX REGISTRATION FORM & PAYMENT INFORMATION TO: (518) 427-1991; REGISTER ONLINE AT <u>WWW.NYACP.ORG</u>; FOR QUESTIONS OR RESERVATIONS BY PHONE CALL: (518) 427-0366