

**REGISTRATION FORM**

**STFM Trip to Spain**

September 22-30, 2025

**INFORMATION**

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**(ATTENDEE 1)**

Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I will be 18 years or older by the first day of the event

Special Dietary Requirement:  None  Vegetarian  Vegan  Gluten-free  Halal  Kosher

Food Allergy/Other: \_\_\_\_\_

Americans with Disabilities Act (ADA) or Other Personal Considerations:

What Accommodations do you require to fully participate: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact (This cannot be a person traveling with you)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Attendee: \_\_\_\_\_

**(ATTENDEE 2) IF APPLICABLE**

Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I will be 18 years or older by the first day of the event

Special Dietary Requirement:  None  Vegetarian  Vegan  Gluten-free  Halal  Kosher

Food Allergy/Other: \_\_\_\_\_

Americans with Disabilities Act (ADA) or Other Personal Considerations:

What Accommodations do you require to fully participate: \_\_\_\_\_

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Emergency Contact (This cannot be a person traveling with you)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Attendee: \_\_\_\_\_

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## **PAYMENT INFORMATION**

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### **REGISTRATION FEE:**

The fee includes 8 nights hotel, meals specified on itinerary, airport transfer in Madrid and Malaga, 2 full-day tours and 1 half day hour; Airfare is NOT included. All registration fees are in US dollars. Additional details can be found [here](#).

Single	\$6,992
Double (for 2 people)	\$11,905

*\*Does not include physicians or non-physician educators*

### **PAYMENT INFORMATION:**

- Pay in Full  
 Pay 50% Now With the Remaining Balance Due by June 1, 2025\*

Total amount enclosed: \$ \_\_\_\_\_

*\*Note: STFM will automatically run your credit card on this date*

### **METHOD OF PAYMENT:**

- Check Enclosed, Payable to STFM    Mastercard    Visa    AMEX

Card Number: \_\_\_\_\_ CW: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### **REFUND POLICY:**

Due to the unique nature of this trip, all registrations are non-refundable. We strongly encourage all participants purchase travel insurance to protect their investment. We recommend considering coverage through providers such as [UnitedHealthcare Global](#) or [Travel Guard](#). Please note that these recommendations are provided solely for your convenience and do not imply any endorsement of these providers.

### **HOW TO REGISTER:**

Mail this form with payment to:

STFM

11400 Tomahawk Creek Parkway, Suite 240

Leawood, KS 66211-2672

Or fax this form with credit card information to 913-906-6096.

Or email [mabuel@stfm.org](mailto:mabuel@stfm.org)