

# Registration Form

## Conference on Medical Student Education

January 31-February 3, 2019 | Jacksonville, FL

Name (for badge): \_\_\_\_\_ Degree(s): \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

*Our official conference partners will receive a set of mailing labels of all conference attendees for a one-time use mailing; content to be preapproved by STFM.*

### Demographics:

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  Female  Male  Other  Chose not to disclose

Race (check all that apply):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  I chose not to disclose

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

One of both my parents (or whoever raised me) graduated from college  Yes  No  Chose not to disclose

### Professional Role (Check all that apply.)

Behavioral/Social Science Specialist  Chief Medical Officer  Coordinator/Administrator/Manager  Dean/Associate or Assistant Dean

Department Chair/Vice Chair  DIO  Fellow  Health Educator/Dietician  Student

Medical Student Education Director/Clerkship Director  Medical Student Education Faculty  Nurse Practitioner

Nurse/Medical Assistant  Pharmacist  Physician Assistant  Practicing Physician  Researcher

Residency Director/Associate Director  Residency Faculty  Resident  Retired  Other: (requires response) \_\_\_\_\_

### Primary Work Setting (Please check only one.)

Medical School Department  Residency Program  Private Practice  Association  Government Agency

Other: \_\_\_\_\_ (requires response)

### Registration Fee

By Dec. 31    After Dec. 31  
& On-site

<input type="checkbox"/> Member	\$455	\$530
<input type="checkbox"/> NonMember*	\$795	\$870
<input type="checkbox"/> Fellow	\$270	\$345
<input type="checkbox"/> Resident	\$230	\$305
<input type="checkbox"/> Student	\$145	\$220
<input type="checkbox"/> Coordinator/Administrator**	\$245	\$320
<input type="checkbox"/> One Day	\$270	\$345
<input type="checkbox"/> Community Preceptor***	\$270	\$345

All registration fees are in US dollars.

Register online at [www.stfm.org/mse](http://www.stfm.org/mse)

\*This fee includes STFM membership for either active physician or active other family medicine educator membership categories.

\*\*Non-physician health professional, coordinator, and/or administrative staff.

\*\*\* Teacher who practices off-campus and who does not have a primary appointment in a department/medical school

**Preconference Workshops (Additional fees apply):**

Thursday, January 31:

12:30–5:30 pm

**STFM Faculty Development Delivered Regional Workshop**

**FDD1: Now You're the Learner: Develop Curriculum Design Skills Using a Six Step Model in an Experiential Team-Based Workshop** (Additional Fee: \$245; includes CME, on-site training materials, light refreshments. Note, this workshop is limited to 25 participants.)

1–5 pm

**PR1: There's An App for That: Using Technology to Improve Teaching, Scholarship, and Wellness – Tools for Academic and Home Life** (Additional Fee: \$175; Includes refreshments and training materials)

**Additional Events:**

Saturday, February 2: 7–9 pm

**Legends, Liars & Lagers Walking Tour**

Additional Fee: \$27; includes one drink mid-way on tour. Participants must be 21 years or older.

Note: There is a 15 person minimum for this tour; STFM reserves the right to cancel the event if minimum is not met. If the event is cancelled, STFM will provide a full refund.

Saturday, February 2: 6:30 am

**STFM Student Scholarship Fun Run & Walk Donation**

A donation is not required to participate in the Fun Run/Walk. We suggest a \$50 donation.

\$50; I plan to participate in the Fun Run/Walk (includes bib)

\$50; I don't plan to participate in the Fun Run/Walk but want to support the event

I plan to participate in the Fun Run/Walk

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_ (total registration fee + any other optional fees)

**Method of Payment:**

Check enclosed, payable to STFM

Mastercard  Visa  AMEX

Card number: \_\_\_\_\_ CW: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name on card: \_\_\_\_\_

**Please check ALL appropriate responses.**

First-time attendee

Special dietary requirement:  Vegetarian  Gluten-free

Please check here if you **have a disability and may require special accommodation(s)** to fully participate. You will be contacted by conference staff for further arrangements.

**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.