

REGISTRATION FORM

STFM Conference on Practice & Quality Improvement

In Cooperation With the Forum for Behavioral Science in Family Medicine

September 15–17, 2024
Denver, CO

Name (for badge): _____ Degree(s): _____

Institution: _____

Address: _____

City, State, Zip: _____

Phone (cell/home/work): _____ Fax: _____

Email: _____

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

Demographics:

Date of Birth: ___/___/___

What is your current gender identity? (Select all that apply)

- Male/Man Female/Woman Genderqueer/Gender non-conforming Non-binary Prefer to self-describe
 Choose not to disclose

Which of the following best defines your race or ethnicity? (Select all that apply)

- Hispanic/Latino/of Spanish Origin American Indian/Alaska Native/Indigenous Asian Black/African American
 Native Hawaiian/other Pacific Islander White Middle Eastern/North African Choose not to disclose

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

Underrepresented in medicine means those racial and ethnic populations that are under-represented in the medical profession relative to their numbers in the general population (Black/African-American, Hispanic/Latino/of Spanish Origin, American Indian/Alaska Native/Indigenous, Native Hawaiian/other Pacific Islander, and certain Asian ethnicities*).

** Vietnam, Cambodia, Indonesia, and Laos*

I self-identify as underrepresented in medicine: Yes No

Professional Role: *check all that apply*

- Administrator/Manager Behavioral/Social Science Specialist CEO/Executive Director Chair/Vice Chair
 Chief Medical Officer Coordinator Dean/Associate or Assistant Dean DIO Fellow Fellowship Director
 Health Educator/Dietician Medical Assistant Medical Director Medical School Faculty MSE/Clerkship Director
 Nurse Nurse Practitioner Pharmacist Physician Assistant Practicing Physician QI Specialist Researcher
 Residency Director/Associate Director Residency Faculty Resident Retired Student

Additional Information:

First-time Attendee: Yes No

Dietary Restrictions: None Vegetarian Vegan Gluten-free

I am requesting special ADA accommodations to fully participate in the conference: Yes No

Requested Special Accommodations: _____

Emergency Contact Name: _____ Phone: _____

CONFERENCE ATTENDEE COVID-19 VACCINATION ATTESTATION

The Society of Teachers of Family Medicine (STFM) has implemented enhanced health and safety measures in connection with its 2024 conferences. In addition, STFM requires all attendees, exhibitors/partners, and staff to be fully vaccinated against COVID-19 before attending. While vaccinations, observance of safety protocols, and exercise of personal discipline may reduce risk, an inherent risk of exposure to COVID-19 does remain in connection with any public gathering. See our complete policy at: stfm.org/media/3932/stfm-health-and-safety-policy-for-conference-and-event-attendeesmay22.pdf

I have read and agree with the STFM COVID-19 policy related to conference and event attendance and attest that I am fully vaccinated against COVID-19.

I am requesting a COVID-19 exemption for religious or medical reasons.

Name: _____ Date: _____

STFM Ethics and Conduct Policy: stfm.org/about/governance/statements/#35832

I have read and agree to the terms of the STFM's ethics and conduct policy.

REGISTRATION FEES

The conference registration fee includes participation for all sessions. All registration fees are in US dollars.
Register online at stfm.org/cpqj

	By August 15	After August 15
<input type="checkbox"/> Practicing/faculty physician and non-physicians/behavioral scientist	\$520	\$620
<input type="checkbox"/> Administrator/coordinator/clinic staff (MA, NP, PA)*	\$395	\$495
<input type="checkbox"/> Resident or Student	\$345	\$445
<input type="checkbox"/> One Day Registration	\$275	\$375

*Does not include practicing/faculty physicians and non-physicians/behavioral scientist.

Note: All presenters are required to register for the conference

PAYMENT INFORMATION

Total Amount Enclosed: \$ _____ Total Registration Fee + Other Optional Fees

Method of Payment:

Check Enclosed, Payable to STFM American Express Discover Mastercard Visa

Card Number: _____ CWV: _____ Expiration Date: _____

Name on Card: _____

Billing Address: _____

REFUND INFORMATION

Refund Policy: If a registrant cannot attend a conference for personal or work reasons, requests for refunds must be received in writing by STFM by August 15, 2024 to receive a 50% registration fee refund. No refunds will be issued after August 15, 2024 except for those emergencies addressed below:

Refund requests due to medical or weather emergencies at time of conference may be eligible for a 50% refund. If a registrant is unable to attend because of a weather emergency, the registrant must show that they attempted to reschedule their travel arrangements but could not get to the conference during the official conference dates. In the event of such cancellation request by a conference registrant, the registrant must provide STFM with official documentation to support their request. In the unlikely and extreme event that STFM is forced to cancel a conference, STFM is not responsible for fees or penalties that conference registrants may incur for non-refundable airline tickets or hotel deposits.

STFM Conference Covid-19 Refund Policy: If an attendee needs to cancel due to COVID-19 on or before September 14, 2024, the attendee will need to provide STFM with a formal request in writing with positive test results from a physician; STFM will provide a full conference refund. There are no refunds issued after September 14, 2024.

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 with credit card information to stfmooffice@stfm.org