

REGISTRATION FORM

STFM Conference on Medical Student Education

February 8-11, 2024

Atlanta, GA

INFORMATION

Name: _____ 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 pre approved 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/a/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
☐ Chief Medical Officer ☐ Coordinator ☐ Dean ☐ Dean-Assistant/Associate ☐ Department Chair
☐ Department Vice Chair ☐ DIO ☐ Faculty-Medical School ☐ Faculty-Residency Program ☐ Fellow
☐ Fellowship Director ☐ Health Educator/Dietician ☐ Medical Assistant ☐ Medical Director
☐ MSE/Clerkship Director ☐ Nurse ☐ Nurse Practitioner ☐ Pharmacist ☐ Physician Assistant
☐ Practicing Physician ☐ Program Director ☐ Program Director-Assistant/Associate ☐ QI Specialist
☐ Researcher ☐ 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

Special Accommodations: _____

Emergency Contact Name: _____ Phone: _____

I will serve as a poster evaluator at the Medical Student Education Conference. My travel plans will allow me to view and photograph posters on the morning of the first day of the conference and I will be able to complete all reviews (approximately 10) using a standardized online rating system by 6:00 pm on that day: ☐ Yes ☐ No

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: <https://www.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](https://www.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/mse

	By Jan. 8	After Jan. 8 & On-site
<input type="checkbox"/> Member	\$505	\$605
<input type="checkbox"/> NonMember*	\$890	\$990
<input type="checkbox"/> Fellow	\$295	\$395
<input type="checkbox"/> Resident	\$255	\$355
<input type="checkbox"/> Student	\$170	\$270
<input type="checkbox"/> Coordinator/Administrator**	\$295	\$395
<input type="checkbox"/> One Day	\$295	\$395
<input type="checkbox"/> Community Preceptor***	\$295	\$395

*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.

PRE-CONFERENCE WORKSHOPS (Optional; Additional fees apply): Participants must pre-register.

Thursday, February 8, 1–5 PM

- ☐ **PR01:** How We Can Begin to Train Our Way Out Of the Opioid Epidemic: A comprehensive toolkit
Fee: \$150; includes refreshments, training materials and CME.

Limit: 40 participants

- ☐ **PR02:** So you want to be a leader in academic medicine? Here Are the Tools That You Need!
Fee: \$150; includes refreshments, training materials and CME.

Limit: 40 participants

COMMUNITY OUTREACH VOLUNTEER ACTIVITY

Thursday, February 8, 2–5 PM

☐ **Mobile Clinic HIV Screening & Education**

Volunteers will work in a mobile clinic near the conference hotel. February is HIV awareness month. Volunteers will:

- Conduct rapid HIV screening
- Educate the community participants about HIV prevention
- Hand out safe sex kit

Note: All are welcome, no special credentials or licenses are needed to volunteer. Volunteers can arrive/depart at their convenience during the times outlined.

Limit: 25 participants

PAYMENT INFORMATION

Total Amount Enclosed: _____ *Total Registration Fee + Other Optional Fees*

Method of Payment:

☐ Check Enclosed, Payable to STFM ☐ Mastercard ☐ Visa ☐ AMEX

Card Number: _____ CVV: _____ Expiration Date: _____

Name on Card: _____

Billing Address: _____

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 December 30, 2023 to receive a 50% registration fee refund. No refunds will be issued after December 30, 2023 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 February 7, 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 February 7, 2024.

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 stfmoffice@stfm.org