

## REGISTRATION FORM

# STFM Conference on Practice & Quality Improvement

August 31–September 2, 2026

Palm Desert, CA

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 or 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 underrepresented 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/Dietitian  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  Nut allergy

Other allergy: \_\_\_\_\_

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

Special Accommodations: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## OPTIONAL ACTIVITY *Participants must pre-register*

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**Tuesday, September 1, 4:45–5:45 pm**

**Equitable Advisors:** *Creating a Wellness Plan for your Financial Life*

Join the STFM Foundation and Stephen Dunbar III, JD, CLU, executive vice president of Southeast Complex and Financial Advisor with Equitable Advisors, who will discuss getting started with a savings plan, maximizing benefits from a retirement plan, insurance, education, and estate planning.

*Fee: Free*

*Participant Limit: 75*

## POLICY INFORMATION

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Health and Safety Policy: [stfm.org/about/governance/stfm-statements/#tab-56044](http://stfm.org/about/governance/stfm-statements/#tab-56044)

I have read and agree to the terms of STFM's health and safety policy.

STFM Ethics and Conduct Policy: [stfm.org/about/governance/statements/#35832](http://stfm.org/about/governance/statements/#35832)

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

## REGISTRATION FEES

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*The conference registration fee includes participation for all sessions. All registration fees are in US dollars.*

*Register online at [stfm.org/cpqj](http://stfm.org/cpqj)*

	<u>By July 31</u>	<u>After July 31</u>
<input type="checkbox"/> Practicing/faculty physician and non-physicians/behavioral scientist .....	\$530	\$630
<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 .....	\$295	\$395

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

*Note: All presenters are required to register for the conference.*

## PAYMENT INFORMATION

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**Total Amount Enclosed:** \$ \_\_\_\_\_ *Total Registration Fee*

**Method of Payment:**

Check Enclosed, Payable to STFM    American Express    Discover    Mastercard    Visa

Card Number: \_\_\_\_\_ CWV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

## REFUND INFORMATION

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**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 July 31, 2026 to receive a 50% registration fee refund. No refunds will be issued after July 31, 2026 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.

### **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](mailto:stfmooffice@stfm.org)