

REGISTRATION FORM

STFM Conference on Medical Student Education

February 5–7, 2027

Anaheim, CA

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/a/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/Dietitian ☐ 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

If you checked Yes for first-time attendee, did someone recommend this conference to you: ☐ Yes ☐ No

If yes, who recommended this conference (please list their first and last name)

Dietary Restrictions: ☐ None ☐ Vegetarian ☐ Vegan ☐ Gluten-free ☐ Nut allergy ☐ Other

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

Special Accommodations: _____

Emergency Contact Name: _____ Phone: _____

Health and Safety Policy: 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/stfm-statements/

☐ I have read and agree to the terms of 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. 5, 2027	After Jan. 5, 2027 & On-site
☐ Member (The member rate requires a 2027 membership)	\$505	\$605
☐ NonMember*	\$915	\$1015
☐ Fellow	\$295	\$395
☐ Resident	\$255	\$355
☐ Student	\$185	\$285
☐ Coordinator/Administrator**	\$295	\$395
☐ One Day	\$295	\$395
☐ 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 WORKSHOP *(Optional; Additional fees apply):*
Participants must pre-register.

Thursday, February 4, 1–5 pm

- **PR01:** Professional Development for Academic Coordinators and Administrators
Fee: \$150; includes light refreshments and CME
Limit: 50 participants

Thursday, February 4, 1–5 pm

- **PR02:** Supporting the Struggling Learner: Training for remediation strategies in the clinical curriculum
Fee: \$150; includes light refreshments and CME
Limit: 50 participants

Thursday, February 4, 1–5 pm

- **PR03:** FMIG Faculty Advisor and Supporter Workshop
Fee: \$25; includes light refreshments and CME
Limit: 50 participants

OPTIONAL ACTIVITY *(Optional; No fees apply):*
Participants must pre-register.

Friday, February 5, 7:30–8:30 am

- Financial wellness for medical professionals: What to do in the first five years so you set yourself up for the next 50 years!
Stephen Dunbar III, JD, CLU, CEPA, Equitable Advisors

Friday, February 5, 5:30–6:30 pm

- **Book:** “Labor: One Woman’s Work” by Mary Fariba Afsari
In the bustling corridors of an Oregon hospital, where Dr. Mary Afsari dedicates herself wholeheartedly to her patients—often at great personal cost. At the same time, Mary uncovers a long-buried family secret: the tragic story of her grandmother Mehry’s death in 1950s Iran. This revelation propels her on a quest to untangle the threads of her family’s history while confronting the forces that have shaped her identity and her professional mission.

As Mary struggles with the oppressive realities of the medical-industrial complex and the growing attacks on women’s reproductive rights, she chooses a path of bold defiance. Inspired by her grandmother’s legacy and her own commitment to compassionate care, she decides to take her work out of the hospital and on the road: she converts an RV into a mobile women’s health clinic. This innovative act allows her to deliver personalized, critical reproductive health care services across the Pacific Northwest, creating community and enduring friendships along the way.

Discussion led by members of the STFM Medical Student Education Committee.

Fee: Free

Limit: 100 participants

PAYMENT INFORMATION

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

Method of Payment:

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

Card Number: _____ CVV: _____ Expiration Date: _____

Billing Zip Code: _____

Donate to the STFM Foundation

<https://bit.ly/47ccuN3>

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 January 5, 2027 to receive a 50% registration fee refund. No refunds will be issued after January 5, 2027 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.

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