

## REGISTRATION FORM

# 2026 STFM Annual Spring Conference

May 2-6, 2026

Marriott New Orleans, New Orleans, LA

## 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)

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

## 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

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: \_\_\_\_\_

Health and Safety Policy: [stfm.org/about/governance/stfm-statements/#tab-56044](https://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/#tab-56042](https://stfm.org/about/governance/stfm-statements/#tab-56042)

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

CERA Involvement:

Have you ever been involved with CERA in any of the following ways:

- a. Reviewing one or more CERA proposals
- b. Mentored a CERA proposal team
- c. Been involved with a CERA project
- d. Served on the CERA steering committee

I have been involved with CERA

## PRE-CONFERENCE WORKSHOPS *Optional; Additional fees apply: Participants must pre-register.*

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### Saturday, May 2, 8 am–5 pm

**PR01:** Faculty for Tomorrow Workshop for Residents

*Fee: \$50; Includes refreshments, training materials, CME; Lunch is not included. Attendance Limit: 100, Powered by the STFM Foundation*

### Saturday, May 2, 1–5 pm

**PR02:** Generative AI Bootcamp for Family Medicine Clinician Educators, Scholars, and Learners

*Fee: \$150; Includes refreshments, training materials, CME; Lunch is not included. Attendance Limit: 150*

**PR03:** Building a Curriculum in Transgender Health for Family Medicine Residents: Everything you need to know

*Fee: \$150; Includes refreshments, training materials, CME; Lunch is not included. Attendance Limit: 100*

## OTHER CONFERENCE ACTIVITIES *Optional; Additional fees may apply: Participants must pre-register.*

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### Monday, May 4, 6:15 am

- **Marathonaki Fun Run and Walk;** A Benefit for the STFM Foundation  
*\$50 entry fee includes a shirt; □ sm □ med □ lg □ xl □ xxl*

### Monday, May 4, 2–4 pm

- **STFM Wellness Afternoon; New Orleans Art Walk–Visual Thinking Strategies Tour**  
Jeffrey Ring, PhD, Facilitator

This elective session is an interactive, participatory group experience in which we will look at art together according to the Visual Thinking Strategies approach (VTS).

As detailed in the article [stfm.org/familymedicine/vol37issue4/Reilly250](http://stfm.org/familymedicine/vol37issue4/Reilly250), the integration of medical humanities in resident education provides a rich, often enjoyable and refreshing experience for exploring the power of seeing with sustained attention, deep reflection, communal listening and team bonding, and the development of empathy. The VTS teaching methodology invites all participants to express their opinions of an artistic piece, receive positive affirmations for their contributions, value the contributions of others to deeper seeing what may not be initially visible, and to sustain attention on the artistic work.

This 2-hour session includes the viewing of art followed by debriefing and explaining the VTS approach, along with a conversation about applications to teaching. The final half hour provides an opportunity for participants to visit art on their own or in small groups, and to practice looking at art as we had done together as a group.

*Location: To Be Determined*

*Price: \$0*

*Participant Limit: 25*

### Monday, May 4, 5–7:30 pm

- **STFM Foundation’s MediPalooza;** A Fundraiser for the STFM Foundation  
*\$50 ticket (Individual); \$500 Bronze package (8 tickets)*

*For more information and to purchase tickets, please visit: [stfm.org/foundation/medipalooza](http://stfm.org/foundation/medipalooza)*

### Tuesday, May 5, 12:30–1:30 pm

- **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.

*Price: \$0*

*Participant Limit: 75*

## 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/annual](http://stfm.org/annual)

	<u>By April 1</u>	<u>After April 1 &amp; On-site</u>	
<input type="checkbox"/> Member .....	\$645	\$745	*This fee includes STFM membership for either active physician or active other family medicine educator membership categories. If you are an active other family medicine educator, you can join STFM today at <a href="http://stfm.org">stfm.org</a> , and then register as a member for additional savings!
<input type="checkbox"/> Non-Member* .....	\$1050	\$1150	
<input type="checkbox"/> Emeritus .....	\$380	\$480	
<input type="checkbox"/> Fellow .....	\$420	\$520	
<input type="checkbox"/> Resident .....	\$380	\$480	
<input type="checkbox"/> Student .....	\$250	\$350	
<input type="checkbox"/> Residency/Clerkship/Dept Coordinator** .....	\$380	\$480	
<input type="checkbox"/> International*** .....	\$420	\$520	
<input type="checkbox"/> One Day .....	\$390	\$490	**Coordinator and/or administrative staff member whose primary role is to provide administrative support to a family medicine department or residency program.
			***Reside outside United States and Canada

## PAYMENT INFORMATION

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**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 Zip Code: \_\_\_\_\_

**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 April 1, 2026 to receive a 50% registration fee refund. No refunds will be issued after April 1, 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.

### 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)