

## REGISTRATION FORM

# STFM Conference on Practice & Quality Improvement

September 12-14, 2022

Savannah, GA

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: \_\_\_\_\_

## CONFERENCE ATTENDEE COVID-19 VACCINATION ATTESTATION

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The Society of Teachers of Family Medicine (STFM) has implemented enhanced health and safety measures in connection with its 2022 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>

Accordingly, as a condition of your attendance at this event, please click the box below to indicate your acknowledgement of, and agreement to the following:

It is understood that COVID-19 is an extremely contagious disease that can lead to severe illness and death. I acknowledge my desire and voluntary choice to travel to and participate in this STFM conference and/or event. I assume responsibility and accept the risk of being exposed, contracting, and/or spreading COVID-19 to attend the STFM conference and/or event. Specifically, I assume all risks and accept sole responsibility for any injury (including, but not limited to, personal injury, illness, disability, and death) that I may experience in connection with attendance, and hereby waive, release, and hold harmless STFM, and its employees, agents, contractors, and representatives from any claims, liabilities, actions, damages, losses, costs, or expenses of any kind arising out of or relating to my attendance. I agree to follow all instructions and safety precautions posted or provided by STFM, the conference and/or event venue, and/or any governing authority during conference and/or event attendance (eg. wearing masks in all meeting areas). It is understood and agreed that my failure to do so may result in being excluded from the event without refund, reimbursement, or other remuneration.

- 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: \_\_\_\_\_

## 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 August 12</u>	<u>After August 12</u>
<input type="checkbox"/> Practicing or faculty physician .....	\$470	\$545
<input type="checkbox"/> Other educator/clinician/administrator/staff .....	\$420	\$495
<input type="checkbox"/> Team Member (each)* .....	\$320	\$395
<input type="checkbox"/> Resident or Student .....	\$320	\$395
<input type="checkbox"/> One Day Registration .....	\$250	\$325

\*3 or more from same practice or residency; does not include physicians or residents

## PRE-CONFERENCE WORKSHOPS (Optional; Additional fees apply):

Participants must pre-register.

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**Monday, September 12; 8:30 am–12:30 pm**

**PR01: Building Quality on a Firm Foundation**

Fee: \$150; includes training materials and refreshment.

**PR02: Utilizing Relational Leadership to Advance Equity and Inclusion in Practice-Based Teams**

Fee: \$150; includes training materials and refreshments.

## PAYMENT INFORMATION

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**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 August 12, 2022 to receive a 50% registration fee refund. No refunds will be issued after August 12, 2022 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 11, 2022, 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 11, 2022.

**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