

REGISTRATION FORM

STFM Conference on Practice & Quality Improvement In Cooperation With the Forum for Behavioral Science in Family Medicine

September 8–10, 2025
Pittsburgh, PA

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 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 Chair/Vice Chair
Chief Medical Officer Coordinator Dean/Associate or Assistant Dean DIO Fellow Fellowship Director
Health Educator/Dietician 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 ACTIVITIES; Additional fees may apply: Participants must pre-register.

Sunday, September 7; 5–6 pm

PR01: Book Club

Book Title: The Spirit Catches You and You Fall Down by Anne Fadiman

Book Club Leader: Sukanya Srinivasan, MD, MPH, is a family medicine physician, certified by the American Board of Family Medicine. She provides patient care at Penn Plum Family Medicine-UPMC and serves as core residency faculty and director of research and scholarly activity at UPMC McKeesport Family Medicine Residency.

Fee: Free

Tuesday, September 9; 5–7 pm

PR02: 2-Hour Pittsburgh Walking Tour

Discover the charm and history of downtown Pittsburgh on this guided walking tour! Stroll through iconic landmarks, stunning architecture, and hidden gems while learning about the city's rich past and vibrant present. This relaxed, informative outing is a great way to stretch your legs, take in the sights, and connect with fellow attendees. The tour will start and end at the hotel.

Fee: \$35

Limit: 35 people

POLICY INFORMATION

Health and Safety Policy: stfm.org/about/governance/statements/#43882

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

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/cpqj

	<u>By August 7</u>	<u>After August 7</u>
Practicing/faculty physician and non-physicians/behavioral scientist	\$530	\$630
Administrator/coordinator/clinic staff (MA, NP, PA)*	\$395	\$495
Resident or student	\$345	\$445
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

Total Amount Enclosed: \$ _____ Total Registration Fee + Optional Activities

Method of Payment:

Check Enclosed, Payable to STFM American Express Discover Mastercard Visa

Card Number: _____ CVV: _____ Expiration Date: _____

Billing Zip Code: _____

REFUND INFORMATION

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 7, 2025 to receive a 50% registration fee refund. No refunds will be issued after August 7, 2025 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 stfmoffice@stfm.org