

REGISTRATION FORM

2024 STFM Annual Spring Conference

May 4–8, 2024

Westin Bonaventure Hotel, Los Angeles, 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)

- 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/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 Nut Allergy

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

Special Accommodations: _____

Emergency Contact Name: _____ Phone: _____

REGISTRATION FEES

The conference registration fee includes participation for all sessions. All registration fees are in US dollars. Register online at stfm.org/annual

	<u>By April 1</u>	<u>After April 1 & On-site</u>
<input type="checkbox"/> Member	\$635	\$735
<input type="checkbox"/> Non-Member*	\$1020	\$1120
<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**	\$370	\$470
<input type="checkbox"/> International***	\$420	\$520
<input type="checkbox"/> One Day	\$390	\$490

*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 stfm.org, and then register as a member for additional savings!

**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

CONFERENCE ATTENDEE COVID-19 VACCINATION ATTESTATION

The Society of Teachers of Family Medicine (STFM) has implemented enhanced health and safety measures in connection with its 2024 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>

- 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: _____

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

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

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

Friday–Saturday, May 3–4, 8 am–5 pm

□ **PR01:** Point of Care Ultrasound Workshop

Fee: \$1,000 (Includes continental breakfast, refreshment breaks, training materials, CME; Lunch is not included.) NOTE: Attendance Limit: 18. This workshop is conducted on Friday–Saturday, May 3–4 and participation is required both days.

Saturday, May 4, 8 am–5 pm

□ **PR02:** 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

□ **PR03:** APCO: Advanced Primary Care Orthopedics

Fee: \$250; Includes refreshments, training materials, CME; Lunch is not included. Attendance Limit: 40

Saturday, May 4, 1–5 pm

□ **PR04:** A Hands-On Introduction to Osteopathic Manipulative Treatment and Home Exercise Programs for Allopathic Physicians

Fee: \$150; Includes refreshments, training materials, CME; Lunch is not included. Attendance Limit: 30

□ **PR05:** Building a Culinary Medicine Curriculum: Wellness through interdisciplinary collaboration

Fee: \$150; Includes refreshments, training materials, CME; Lunch is not included. Attendance Limit: 40

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

Monday, May 6, 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 6, 7:30–11 pm

STFM Foundation's MediPalooza; A Fundraiser for the STFM Foundation

\$50 ticket (Individual); \$500 Bronze package (10 tickets)

For more information and to purchase tickets, please visit: <https://www.stfm.org/foundation/medipalooza>

PAYMENT INFORMATION

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 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 April 1, 2024 to receive a 50% registration fee refund. No refunds will be issued after April 1, 2024 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 May 4, 2024, the attendee will need to provide STFM with a formal request in writing with positive test results; STFM will provide a full conference refund. There are no refunds issued after May 4, 2024.

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