

## 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

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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 .....	\$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](http://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

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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.*

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### 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.*

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### 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, 2–4 pm

- **STFM Wellness Afternoon; “Downtown LA Public Library Art Tour– Visual Thinking Strategies Tour”**

Jeffrey Ring, PhD, Facilitator

This elective session will include a visit to the Downtown LA Public Library where 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 other parts of the library on their own or in small groups, and to practice looking at art as we had done together as a group.

*Location: Los Angeles Central Library, 630 W 5th Street (.2 miles from the STFM conference hotels.)*

*Transportation to/from the museum is not provided as the library is walking distance.*

*Price: \$0*

*Participant Limit: 25*

### 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: [stfm.org/foundation/medipalooza](http://stfm.org/foundation/medipalooza)*

## 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 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](mailto:stfmooffice@stfm.org)