



## Medical Student Educators Development Institute (MSEDI) Registration Form

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Name (to appear on badge): \_\_\_\_\_ Degree(s) \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Major Professional Role:** \_\_\_\_\_

**Work Setting:** \_\_\_\_\_

**So We May Better Serve You at the Conference:**

- This is my **first time to attend** the conference.  
 I have **special dietary needs**:  Vegetarian  Other: \_\_\_\_\_  
 Please check here if you **have a disability and may require special accommodation(s)** to fully participate.  
You will be contacted by conference staff for further arrangements.

**REGISTRATION FEE:**      **\$2,095 (\$2,380 for nonmembers which includes 1-year STFM membership)**

**Payment Method:**

- Check (make payable to STFM)       Mastercard     Visa     American Express (*complete the information below*)

Card Number: \_\_\_\_\_ Exp. date: \_\_\_\_\_ Signature: \_\_\_\_\_

**CANCELLATION POLICY:** 50% of the total registration fee will be refunded if a cancellation is necessary and written notification is received in the STFM office by December 1, 2010. After that date, no refunds will be issued.

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**PLEASE COMPLETE FORM AND FAX TO: 913-906-6096 (with credit card info.)  
OR MAIL TO: STFM, 11400 Tomahawk Creek Pkwy, Ste. 540, Leawood, KS 66211**