

STFM CONFERENCE ON MEDICAL STUDENT EDUCATION REGISTRATION FORM



Name (to appear on badge) _____ Degree(s) _____
 Institution _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____ Fax () _____ Email _____

REGISTRATION FEES:

	<u>Before Jan. 9</u>	<u>After Jan. 9 and on-site</u>
Member	\$420	\$495
NonMember*	\$715	\$790
Fellow	\$270	\$345
Resident	\$230	\$305
Student	\$145	\$220
Coordinator/Administrator**	\$245	\$320
One Day	\$270	\$345

*Fee includes STFM membership for either active physician or active non-physician membership categories. **Non-physician health professional, coordinator, and/or administrative staff.

ADDITIONAL FEES (Thursday, February 2 preconference and optional activities):

- () Top 10 Tools for Effective Family Medicine Educators (PR1) Fee: \$125
- () "FMIG Faculty Advisor Summit (PR2) (co-hosted by the FMIG Network and STFM) No Fee
(NOTE: \$350 Travel Stipends available for the first 50 FMIG Faculty Advisors that enroll.)
- () 2012 Medical Student Educators Development Institute Fees: \$2,095 member, \$2,390 non-member (incl. 1-year STFM membership)

2012 STUDENT RUN FREE CLINIC CONFERENCE (SRFCC)

If you are attending the Medical Student Education Conference, there is an additional fee of \$99 to participate in the SRFCC conference. To register, please visit www.stfm.org/srfcc. (NOTE: This is a separate registration fee/process, and will not be included in your registration for the Conference on Medical Student Education.)

TOTAL AMOUNT ENCLOSED: \$ _____ (total registration fee + any other optional fees)

PAYMENT: () Check – make payable to STFM () Mastercard () Visa () American Express

Card Number: _____ Exp. date: _____

Signature: _____

Cancellation policy: 50% of the total registration fee will be refunded if cancellation is necessary and written notification is received in the STFM office by January 15. After that date, no refunds will be issued.

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MAJOR PROFESSIONAL ROLE: (Please check only one.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Practicing Physician (direct patient care, non-teaching setting, min. 50% of time) | <input type="checkbox"/> Residency Faculty | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Department Chair | <input type="checkbox"/> Residency Director | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Medical Student Education Director | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Dietitian |
| <input type="checkbox"/> Medical Student Education Faculty | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Behavioral/Social Scientist | <input type="checkbox"/> Coordinator/Administrative Staff | <input type="checkbox"/> Student |
| <input type="checkbox"/> Health Educator | <input type="checkbox"/> Resident | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fellow | | |

WORK SETTING: (Please check only one.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical School | <input type="checkbox"/> Residency Program | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Managed Care Organization | <input type="checkbox"/> Association | <input type="checkbox"/> Other: _____ |

HOW DID YOU HEAR ABOUT THE CONFERENCE? (Please check only one.)

Which one of these marketing efforts lead you to register for the conference:

- | | | |
|---|---|---|
| <input type="checkbox"/> E-mail from STFM | <input type="checkbox"/> Family Medicine Ad | <input type="checkbox"/> Colleague Recommendation |
| <input type="checkbox"/> Web Site | <input type="checkbox"/> Received Conference Brochure | <input type="checkbox"/> Other: _____ |

SO WE MAY BETTER SERVE YOU: (Please check those that apply to you.)

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

HOW TO REGISTER:

Online: Online registration paid by credit card is available at www.stfm.org/mse

By Mail: STFM, 11400 Tomahawk Creek Parkway, Suite 540, Leawood, KS 66211

By Fax: Registration paid by credit card may be faxed to 913-906-6096