



45th Annual Spring Conference

April 25-29, 2012, Sheraton Seattle Hotel, Seattle, Washington

Name _____ Degree(s) _____

Institution _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ E-mail _____

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"/> Department Chair |
| <input type="checkbox"/> Residency Director | <input type="checkbox"/> Medical Student Education Faculty | <input type="checkbox"/> Behavioral/Social Scientist |
| <input type="checkbox"/> Medical Student Education Director | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Dietitian |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Behavioral/Social Scientist | <input type="checkbox"/> Researcher | <input type="checkbox"/> Health Educator |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Coordinator/Administrative Staff | <input type="checkbox"/> Fellow |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Student | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Resident | | |

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: _____ |

MEETING MARKETING

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"/> Information from STFM exhibit |
| <input type="checkbox"/> Web site | <input type="checkbox"/> Received booklet | <input type="checkbox"/> Recommended by a colleague |
| <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ | |

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

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

REGISTRATION FEES (Please check the appropriate fee.)

- | Category | By March 19 | After March 19 (and on-site) |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> STFM Member | <input type="checkbox"/> \$520 | <input type="checkbox"/> \$595 |
| <input type="checkbox"/> Non-member of STFM* | <input type="checkbox"/> \$815 | <input type="checkbox"/> \$890 |
| <input type="checkbox"/> One Day | <input type="checkbox"/> \$345 | <input type="checkbox"/> \$420 |
| <input type="checkbox"/> Emeritus | <input type="checkbox"/> \$320 | <input type="checkbox"/> \$395 |
| <input type="checkbox"/> Fellow | <input type="checkbox"/> \$395 | <input type="checkbox"/> \$470 |
| <input type="checkbox"/> Resident | <input type="checkbox"/> \$345 | <input type="checkbox"/> \$420 |
| <input type="checkbox"/> Student | <input type="checkbox"/> \$205 | <input type="checkbox"/> \$280 |

*This fee includes STFM membership for either active physician or active non-physician membership categories. If you are an active non-physician, you can join STFM today at www.stfm.org, and then register as a member for additional savings!

(Registration form continues on the next page.)

Name _____

Phone () _____ Email _____

PRECONFERENCE & OPTIONAL WORKSHOPS

Wednesday, April 25

- PR1: Words That Work: Educating Clinicians in Facilitating a Respectful Death
(\$195 additional fee. See page 8 for additional information. Fee includes refreshments and training materials.)
- PR2: How to Respond to ACGME Requirements to Implement Competency Assessment: Training Residency Champions
(\$195 additional fee. See page 8 for additional information. Fee includes refreshments and training materials.)
- PR3: TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) Fundamentals
(\$195 additional fee. See page 9 for additional information. Fee includes refreshments and training materials.)
- PR4: Clinician Wellness: Building Resiliency in Family Medicine Teachers and Trainees
(\$95 additional fee. See page 9 for additional information. Fee includes refreshments and training materials.)
- PR5: Training Family Physicians to Provide HIV Care in the Medical Home
(\$95 additional fee. See page 9 for additional information. Fee includes refreshments and training materials.)

Thursday, April 26

- OPT1: Quality Improvement: Transforming Your Organization
(\$75 additional fee. See page 10 for additional information. Fee includes refreshments and training materials.)

Friday, April 27

- OPT2: Preserving Your Assets, Protecting Your Family, Preparing Your Legacy
(No fee. See page 10 for additional information.)

FEE CALCULATION

Conference Registration Fee: \$ _____

Optional Workshop: \$ _____

Preconference Workshop: \$ _____

Total Amount Due STFM: \$ _____

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

Card Number: _____ Exp. date: _____

Signature: _____

Return to STFM, 11400 Tomahawk Creek Parkway Ste. 540, Leawood, KS 66211 or fax to 913-906-6096 with credit card information

WHAT'S INCLUDED IN THE CONFERENCE FEE

The conference registration fee includes participation in the general sessions, concurrent educational sessions, meal functions included in the conference schedule, receptions and dance party. There is no cash value for unused tickets.

REFUNDS

Requests for refunds must be received in writing by STFM before March 19 = 50%. No refunds will be issued after March 19.

QUESTIONS

Contact Dianna Azbill at STFM at 800-274-7928, ext. 5415, or dazbill@stfm.org