

Conference on Practice Improvement • December 2-5, 2010 • San Antonio, Texas

Copy this form for team registrations. Please print or type all information.

Name (for badge): _____ Degree(s): _____

Institution: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Professional Role *(Please check one)*

- Physician Resident Nurse
 Physician Asst. Dietitian Nurse Practitioner
 Health Educator PharmD Medical Student
 Other _____

Work Setting *(Please check one)*

- Private Practice MCO Medical School
 Residency Program Hospital Association
 Other _____

Please check all appropriate responses.

- First-time attendee
 Attended last year
 STFM member
 AAFP member
 NRN member/study coordinator
 Special dietary needs:
 Vegetarian Other _____
 Disability that requires special assistance (you will be contacted by conference staff).

Registration Fee

	By Nov. 5	Nov. 5 & After	Registration Fee
Physician	\$470	\$545	\$ _____
Non-physician	\$420	\$495	\$ _____
Team member <i>(Price is each with 3 or more from same setting)</i>	\$300	\$375	\$ _____
One-day registration	\$270	\$345	\$ _____

Preconference Sessions—Thursday, December 2; Noon-5 pm *(Additional Fees Apply)*

- PR1: Staffing the Medical Home: Hiring, Directing, Supervising, and Evaluating \$150 \$ _____

 PR2: Understanding the Influence and Importance of Culture and Leadership on Building Effective Practice Teams
 Single Registration \$295 \$ _____
 Team Registration \$150 \$ _____
(price is each with 3 or more from same setting)

Total Registration Fee \$ _____

Preregistration Required:

- S13: "Map Your Blueprint: The NCQA PPC-PCMH Self-assessment Rapid Improvement Activity (No Fee)

Method of Payment

- Check enclosed, payable to Conference on Practice Improvement
 Mastercard Visa American Express

Card number: _____

Expiration: _____

Signature: _____

**Register online at www.aafp.org/pic
or www.stfm.org/pic**

***If you have any questions, contact Dianna Azbill at
800-274-2237, ext. 5415, dazbill@stfm.org.***

Mail this form with payment to: Conference on Practice Improvement

c/o STFM, 11400 Tomahawk Creek Parkway, Suite 540, Leawood, KS 66211 or fax with credit card information to 913-906-6096.