

# Registration Form Conference on Practice & Quality Improvement

## December 5-8, 2019 | Phoenix, AZ

Name (for badge): \_\_\_\_\_ Degree(s): \_\_\_\_\_  
 Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

*Our official conference partners will receive a set of mailing labels of all conference attendees for a one-time use mailing; content to be preapproved by STFM.*

### Demographics:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Female  Male  Other  Prefer not to disclose  
 Race: (Check all that apply.):  American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  White  Prefer not to disclose  
 Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  
 My parents or guardian(s) graduated from college  Yes  No  Prefer not to disclose

### Professional Role (Check all that apply.)

Administrator/Manager  Behavioral/Social Science Specialist  CEO/Executive Director  Chief Medical Officer  Coordinator  
 Dean/Associate or Assistant Dean  Department Chair/Vice Chair  DIO  Fellow  Fellowship Director  Health Educator/Dietician  
 Medical Assistant  Medical Director  Medical Student Education Director/Clerkship Director  Medical Student Education Faculty  
 Nurse  Nurse Practitioner  Pharmacist  Physician Assistant  Practicing Physician  QI Specialist  Researcher  
 Residency Director/Associate Director  Residency Faculty  Resident  Retired  Student  Other: (requires response) \_\_\_\_\_

### So That We May Better Serve You at the Conference (check all that apply):

First-time Attendee  
 Special Dietary Requirement:  Vegetarian  Gluten-free  
 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 arrangements.  
 Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Registration Fee (All fees are in US dollars.):

	By Nov. 5	After Nov. 5 and on-site
<input type="checkbox"/> Practicing or faculty physician	\$470	\$545
<input type="checkbox"/> Other educator/clinician/administrator/staff	\$420	\$495
<input type="checkbox"/> Team Member (each)*	\$320	\$395
<input type="checkbox"/> Resident	\$320	\$395
<input type="checkbox"/> Student	\$320	\$395
<input type="checkbox"/> One Day Registration	\$250	\$325

\*3 or more from same practice/residency; does not include physicians/residents

### Preconference Workshops (Additional fees apply.):

Thursday, December 5; 1–5 pm

- PR01: Extreme Makeover: Ambulatory Practice Edition 2.0—  
 Achieving the Quadruple Aim through Transformational  
 Practice Redesign  
 Fee: \$150; includes training materials and refreshments. See page 4.
- PR02: Dermoscopy: Expanding “Scope” of Practice and  
 Preventing Skin Cancer Deaths  
 Fee: \$150; includes training materials and refreshments. See page 4.

### What's Included in the Conference Fee

The conference registration fee includes participation in the general sessions, concurrent educational sessions, CME and professional credit hours and meal functions included in the conference schedule.

### Fee Calculation

Conference Registration Fee: \$ \_\_\_\_\_  
 Preconference Workshop Fee: \$ \_\_\_\_\_  
**Total Amount Due to STFM:** \$ \_\_\_\_\_

### Method of Payment

Check enclosed, payable to STFM  Mastercard  Visa  AMEX  
 Card number: \_\_\_\_\_  
 CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_

### How to Register

Mail this form with payment to: STFM  
 11400 Tomahawk Creek Pkwy., Suite 240  
 Leawood, KS 66211-2672  
 Or, fax this form with credit card information to 913.906.6096.