

**Registration Form**  
**Conference on Medical Student Education**  
 January 30-February 2, 2020 • Portland, OR

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 or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  
 Prefer not to disclose  
 Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  
 One or both my parents 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  
 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 further arrangements.

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Registration Fees:**

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. All registration fees are in US dollars. Register online at [stfm.org/mse/register](http://stfm.org/mse/register)

|  | By Dec. 30 | After Dec. 30 & On-Site |
|--|------------|-------------------------|
| <input type="checkbox"/> Member                      | \$455      | \$530                   |
| <input type="checkbox"/> Non-Member*                 | \$805      | \$880                   |
| <input type="checkbox"/> Fellow                      | \$270      | \$345                   |
| <input type="checkbox"/> Resident                    | \$230      | \$305                   |
| <input type="checkbox"/> Student                     | \$145      | \$220                   |
| <input type="checkbox"/> Coordinator/Administrator** | \$245      | \$320                   |
| <input type="checkbox"/> One Day                     | \$270      | \$345                   |
| <input type="checkbox"/> Community Preceptor***      | \$270      | \$345                   |

\* This fee includes STFM membership for either active physician or active other family medicine educator membership categories.

\*\* Non-physician health professional, coordinator, and/or administrative staff

\*\*\* Teacher who practices off-campus and who does not have a primary appointment in a department/medical school

**Register online at [stfm.org/mse](http://stfm.org/mse) • Please print or type all information.**

## Preconference Workshops *(additional fees apply)*

## Other Conference Activities

### Thursday, January 30

Noon–5 pm

- PR1: Buprenorphine Waiver Training and Workshop On How to Train Our Way Out of the Opioid Epidemic

*Additional Fee: \$195; includes CME, on-site training materials, light refreshments*

1–5 pm

- PR2: Are You Getting Ready for Promotion and/or Tenure? You Should! Here Are the Best Approaches

*Additional Fee: \$195; includes CME, on-site training materials, light refreshments*

- PR3: Point-of-Care Ultrasound Curriculum: A Complete Program From Gel to Probe to Integration and Maintenance Made Simple

*Additional Fee: \$195; includes CME, on-site training materials, light refreshments*

- PR4: Cooking up Changes in Medical Student Education: A Primer in Creating and Implementing a Culinary Medicine Class

*Additional Fee: \$195; includes CME, on-site training materials, light refreshments*

- PR5: AAFP Workshop for Family Medicine Student Organization Faculty and Staff Advisors

*Additional Fee: No Fee; This workshop is sponsored by the AAFP.*

### Saturday, February 1

6:30 am

- STFM Foundation Fun Run & Walk

Get some exercise, socialize, and raise funds for scholarships at the STFM Foundation Fun Run & Walk. All participants receive a t-shirt (while quantities last). A \$50 donation is suggested but not required to participate. Donations help the STFM Foundation provide scholarships to students to attend this conference. Through these and other donations, the STFM Foundation supports STFM's priority to develop the pipeline for academic family medicine.

\$50  I plan to participate in the Fun Run/Walk (includes bib).

\$50  I don't plan to participate in the Fun Run/Walk but want to support the event.

6–8 pm

- Creo Chocolate Make and Take-a-Bar Tour:

*creochocolate.com*

Take a unique peek behind the scenes of one of Portland's very own award-winning chocolate makers. This popular one-hour tour with a professional chocolate maker will teach participants about the origin of chocolate, the creation of Creo's chocolate, and techniques to design their own chocolate bar to take home.

*This activity is limited to the first 25 participants. If the event is cancelled, STFM will provide a refund. Since STFM is required to pay for this event in advance, no other refunds will be provided.*

*\$20/Person*

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

### 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 Parkway, Suite 240

Leawood, KS 66211-2672

Or, fax this form with credit card information to 913.906.6096.

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