REGISTRATION FORM Conference on Practice & Quality Improvement

September 13-15, 2021

Name:		
Institution:		
	ip:	
	erence partners will receive a set of mailing labels of all conference attendees for a one-time use mailing; cont	ent to be preapproved by STFM
Race (Check Native Have Ethnicity: One or Both Profession: Administration Chief Medi Health Edu Nurse	hics:	air/Vice Chair Fellowship Director MSE/Clerkship Director Specialist
First-Time A	Attendee:	
REGISTRA	TION FEES	
	nce registration fee includes participation in all live, virtual sessions and on-demand sess istration fees are in US dollars. Register online at stfm.org/cpqi	sions through October 8,
conference b	egistration form and payment must be received by STFM by September 8, 2021 to gua beginning September 13, 2021. Any registration forms and payment received after this o e conference.	
	Register by the August 27th early-bird deadline and save \$50! Physician Resident, Student, Nurse, MA, PA, Pharmacist, Team/Admin/Staff Member	
	After August 27th □ Physician □ Resident, Student, Nurse, MA, PA, Pharmacist, Team/Admin/Staff Member	

POST-CONFERENCE WORKSHOPS

(Participants must pre-register.)

Wednesday, September 15

1-5 pm CDT

□ **PC1:** How to Stop Spinning Your Wheels in the Mud of Quality Improvement

Additional Fee: \$100; Includes training materials and CME.

□ PC2: HEALing in Uncertain Times: Healthy Embodied Agile Leadership – A Mini Course

Additional Fee: \$100; Includes training materials and CME.

REFUND STATEMENT

Since the 2021 Conference on Practice and Quality Improvement will be available on-demand for 2 weeks following the conference, STFM will not be issuing registration refunds. Once registered, attendees will have access to participate and/or view on-demand presentations based on their personal schedules. Thank you for your understanding.

PAYMENT INFORMATION

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.