

REGISTRATION FORM

STFM Conference on Practice & Quality Improvement  
In Cooperation With the Forum for Behavioral Science in Family Medicine

September 8–10, 2025  
Pittsburgh, PA

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

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

**Demographics:**

Date of Birth: \_\_\_/\_\_\_/\_\_\_

What is your current gender identity? (Select all that apply)

Male/Man    Female/Woman    Genderqueer/Gender non-conforming    Non-binary    Prefer to self-describe  
Choose not to disclose

Which of the following best defines your race or ethnicity? (Select all that apply)

Hispanic/Latino/of Spanish Origin    American Indian/Alaska Native/Indigenous    Asian    Black/African American  
Native Hawaiian/other Pacific Islander    White    Middle Eastern/North African    Choose not to disclose

One of both my parents (or whoever raised me) graduated from college:    Yes    No    Choose not to disclose

Underrepresented in medicine means those racial and ethnic populations that are under-represented in the medical profession relative to their numbers in the general population (Black/African American, Hispanic/Latino/of Spanish Origin, American Indian/Alaska Native/Indigenous, Native Hawaiian/other Pacific Islander, and certain Asian ethnicities\*).

\*Vietnam, Cambodia, Indonesia, and Laos

I self-identify as underrepresented in medicine:    Yes    No

**Professional Role: check all that apply**

Administrator/Manager    Behavioral/Social Science Specialist    CEO/Executive Director    Chair/Vice Chair  
Chief Medical Officer    Coordinator    Dean/Associate or Assistant Dean    DIO    Fellow    Fellowship Director  
Health Educator/Dietician    Medical Assistant    Medical Director    Medical School Faculty    MSE/Clerkship Director  
Nurse    Nurse Practitioner    Pharmacist    Physician Assistant    Practicing Physician    QI Specialist    Researcher  
Residency Director/Associate Director    Residency Faculty    Resident    Retired    Student

**Additional Information:**

First-time Attendee:    Yes    No

Dietary Restrictions:    None    Vegetarian    Vegan    Gluten-free    Nut allergy

Other allergy: \_\_\_\_\_

I am requesting special ADA accommodations to fully participate in the conference:    Yes    No

Special Accommodations: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**OPTIONAL ACTIVITIES; Additional fees may apply: Participants must pre-register.**

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**Sunday, September 7; 5–6 pm**

PR01: Book Club

Book Title: The Spirit Catches You and You Fall Down by Anne Fadiman

Book Club Leader: Sukanya Srinivasan, MD, MPH, is a family medicine physician, certified by the American Board of Family Medicine. She provides patient care at Penn Plum Family Medicine-UPMC and serves as core residency faculty and director of research and scholarly activity at UPMC McKeesport Family Medicine Residency.

Fee: Free

**Tuesday, September 9; 5–7 pm**

PR02: 2-Hour Pittsburgh Walking Tour

Discover the charm and history of downtown Pittsburgh on this guided walking tour! Stroll through iconic landmarks, stunning architecture, and hidden gems while learning about the city's rich past and vibrant present. This relaxed, informative outing is a great way to stretch your legs, take in the sights, and connect with fellow attendees. The tour will start and end at the hotel.

Fee: \$35

Limit: 35 people

**POLICY INFORMATION**

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Health and Safety Policy: [stfm.org/about/governance/statements/#43882](http://stfm.org/about/governance/statements/#43882)

I have read and agree to the terms of STFM's health and safety policy.

STFM Ethics and Conduct Policy: [stfm.org/about/governance/statements/#35832](http://stfm.org/about/governance/statements/#35832)

I have read and agree to the terms of the STFM's ethics and conduct policy.

**REGISTRATION FEES**

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The conference registration fee includes participation for all sessions. All registration fees are in US dollars.

Register online at [stfm.org/cpqj](http://stfm.org/cpqj)

	<u>By August 7</u>	<u>After August 7</u>
Practicing/faculty physician and non-physicians/behavioral scientist .....	\$530	\$630
Administrator/coordinator/clinic staff (MA, NP, PA)* .....	\$395	\$495
Resident or student .....	\$345	\$445
One day registration .....	\$295	\$395

\*Does not include practicing/faculty physicians and non-physicians/behavioral scientists.

Note: All presenters are required to register for the conference.

**PAYMENT INFORMATION**

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Total Amount Enclosed: \$ \_\_\_\_\_ Total Registration Fee + Optional Activities

Method of Payment:

Check Enclosed, Payable to STFM    American Express    Discover    Mastercard    Visa

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

## REFUND INFORMATION

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**Refund Policy:** If a registrant cannot attend a conference for personal or work reasons, requests for refunds must be received in writing by STFM by August 7, 2025 to receive a 50% registration fee refund. No refunds will be issued after August 7, 2025 except for those emergencies addressed below:

Refund requests due to medical or weather emergencies at time of conference may be eligible for a 50% refund. If a registrant is unable to attend because of a weather emergency, the registrant must show that they attempted to reschedule their travel arrangements but could not get to the conference during the official conference dates. In the event of such cancellation request by a conference registrant, the registrant must provide STFM with official documentation to support their request. In the unlikely and extreme event that STFM is forced to cancel a conference, STFM is not responsible for fees or penalties that conference registrants may incur for non-refundable airline tickets or hotel deposits.

### 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

Or, Email with credit card information to [stfmoffice@stfm.org](mailto:stfmoffice@stfm.org)