

REGISTRATION FORM
STFM Annual Spring Conference
Indianapolis, Indiana
April 30 - May 4, 2022

Name: _____ Degree(s): _____

Institution: _____

Address: _____

City, State, Zip: _____

Phone: _____ 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 pre approved 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 of My Parents Graduated From College: ☐ Yes ☐ No ☐ Prefer Not to Disclose

Dietary Restrictions: ☐ None ☐ Vegetarian ☐ Gluten-free

I request accommodations to fully participate ☐ Yes ☐ No

Requested Accommodation: _____

Emergency Contact Name: _____ Phone: _____

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

First-time Attendee: ☐ Yes ☐ No

REGISTRATION FEES

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

Register online at stfm.org/annual

Completed registration form and payment must be received by STFM by April 26, 2022 to guarantee access to the conference on April 30, 2022. Any registration forms and/or payments received after April 26, 2022 may result in delayed access to the conference.

	By April 1	After April 1 & On-Site
☐ Member.....	\$585	\$660
☐ Non-Member*.....	\$955	\$1030
☐ Emeritus.....	\$355	\$430
☐ Fellow.....	\$395	\$470
☐ Resident.....	\$355	\$430
☐ Student.....	\$225	\$300
☐ Residency/Clerkship/Dept coordinator**.....	\$345	\$420
☐ International***.....	\$395	\$470
☐ One Day.....	\$365	\$440

*This fee includes STFM membership for active physician and active other family medicine educator membership categories. Non-members can join STFM today at stfm.org, and then register as a member for additional savings!

**Coordinator and/or administrative staff member whose primary role is to provide administrative support to a family medicine department or residency program.

***Reside outside United States or Canada

CONFERENCE ATTENDEE COVID-19 VACCINATION ATTESTATION

The Society of Teachers of Family Medicine (STFM) has implemented enhanced health and safety measures in connection with its 2022 conferences. In addition, STFM requires all attendees, exhibitors/partners, and staff to be fully vaccinated against COVID-19 before attending. While vaccinations, observance of safety protocols, and exercise of personal discipline may reduce risk, an inherent risk of exposure to COVID-19 does remain in connection with any public gathering. See our complete policy at: stfm.org/media/3747/stfm-health-and-safety-policy-for-conference-and-event-attendees.pdf

Accordingly, as a condition of your attendance at this event, please click the box below to indicate your acknowledgement of, and agreement to the following:

It is understood that COVID-19 is an extremely contagious disease that can lead to severe illness and death. I acknowledge my desire and voluntary choice to travel to and participate in this STFM conference and/or event. I assume responsibility and accept the risk of being exposed, contracting, and/or spreading COVID-19 to attend the STFM conference and/or event. Specifically, I assume all risks and accept sole responsibility for any injury (including, but not limited to, personal injury, illness, disability, and death) that I may experience in connection with attendance, and hereby waive, release, and hold harmless STFM, and its employees, agents, contractors, and representatives from any claims, liabilities, actions, damages, losses, costs, or expenses of any kind arising out of or relating to my attendance. I agree to follow all instructions and safety precautions posted or provided by STFM, the conference and/or event venue, and/or any governing authority during conference and/or event attendance (eg. wearing masks in all meeting areas). It is understood and agreed that my failure to do so may result in being excluded from the event without refund, reimbursement, or other remuneration.

☐ I have read and agree with the STFM COVID-19 policy related to conference and event attendance and attest that I am fully vaccinated against COVID-19.

☐ I am requesting a COVID-19 exemption for religious or medical reasons.

Name: _____ Date: _____

PRE-CONFERENCE WORKSHOPS (OPTIONAL):

Participants must pre-register.

FRIDAY, APRIL 29; 8 am-5 pm

SATURDAY, APRIL 30; 8am-5pm

☐ **PR01: Point Of Care Ultrasound Workshop**

Fee: \$595; Includes continental breakfast, refreshment breaks, training materials, CME; Lunch is not included.

Attendance Limit: 36. This is a 2-day workshop; participation is required both days.

SATURDAY, APRIL 30; 8 am-5 pm

☐ **PR02: Faculty for Tomorrow Workshop for Residents**

Fee: \$50; Includes refreshments, training materials, CME; Lunch is not included. Attendance Limit: 100

☐ **PR03: Advanced Primary Care Orthopedics (APCO)**

Fee: \$200; Includes continental breakfast, refreshments, training materials, CME; Lunch is not included.

Attendance Limit: 40

SATURDAY, APRIL 30; 12:30-5:30 pm

☐ **PR04: Health Systems Finances: How the Money Flows and How to Make Business-Based Appeals That Resonate with Health System Leaders**

Fee: \$100; Includes refreshments, training materials, CME; Lunch is not included. Attendance Limit: 30

SATURDAY, APRIL 30; 1-5 pm

☐ **PR05: Intentional Leadership in Uncertain Times**

Fee: \$100; Includes refreshments, training materials, CME; Lunch is not included. Attendance Limit: 75

☐ **PR06: Professional Identity Formation: Learn More Through Art, Writing, and Reflection**

Fee: \$150; Includes refreshments, training materials, CME; Lunch is not included. No Attendance Limit

Attendees wanting to register ONLY for a preconference will need to send a completed registration form (PDF) to ksevedge@stfm.org

40TH ANNIVERSARY MARATHONAKI FUN RUN & WALK (OPTIONAL):

MONDAY, MAY 2; 6:15-7:15 am

☐ **Marathonaki A**

*Fee \$50; **All proceeds benefit the STFM Foundation***

Included with each entry fee is an official Marathonaki Fun Run & Walk t-shirt and runners bib.

☐ **Marathonaki B**

Runner without a Marathonaki Fun Run & Walk t-shirt or runner's bib.

STFM FOUNDATION LEGACY LUNCH & LEARN (OPTIONAL):

Participants must pre-register

FRIDAY, MAY 3; 12:30-1:30 pm

☐ **Creating a Wellness Plan for Your Financial Life**

Join Andrew Miller, CFA, CFP, Partner and Private Wealth Manager, Creative Planning, who will discuss getting started with a savings plan, maximizing benefit from a retirement plan, insurance, education funds, estate planning, and tax planning.

Creative planning is a nationally recognized firm known for their commitment to excellence in wealth management. No Fee;

Powered by the STFM Foundation

PAYMENT INFORMATION

Total Amount Enclosed: \$_____ *Total Registration Fee + Other Optional Fees*

Method of Payment:

☐ Check Enclosed, Payable to STFM ☐ Mastercard ☐ Visa ☐ AMEX

Card Number: _____ CVV: _____ Expiration Date: _____

Name on Card: _____

Billing Address: _____

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 April 1, 2022 to receive a 50% registration fee refund. No refunds will be issued after April 1, 2022 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.

STFM Conference Covid-19 Refund Policy: If an attendee needs to cancel due to Covid-19 on or before April 29, 2022, the attendee will need to provide STFM with a formal request in writing with positive test results from a physician; STFM will provide a full conference refund.

If an attendee needs to cancel due to Covid-19 after April 29, 2022 (or at the conference), the attendee will need to provide STFM with a formal request in writing with positive test results from a physician; STFM will automatically transfer the attendee's conference registration to the virtual supplement conference.

There are no refunds issued after April 29, 2022.

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