

Name (to appear on badge) _____ Degree _____
 Institution _____
 Address _____
 City _____ Prov/State _____ Country _____ PC/Zip _____
 Phone _____ Fax _____ E-mail _____

Professional Role:

- Faculty Practicing Physician (direct patient care, non-teaching setting, min. 50% of time)
 Administrator Student Resident Fellow
 Researcher Other (please specify) _____

Gender:

- Female Male First-time attendee? Yes No

Accommodations/Dietary Needs (if applicable):

- I have a disability and may need special accommodations to fully participate.
 Vegetarian For other dietary restrictions, please check this box and contact a member of NAPCRG staff

Specialty

- Family Medicine Internal Medicine Pediatrics Public Health Nursing
 Other _____

Research Interests/Needs:

What are your research interests?
 Are you seeking collaborators? Yes No If yes, in what area(s)? _____

Registration fees: (Circle appropriate fee) All registration fees are in US dollars.

To register as a member for the 2012 Annual Meeting, dues must be paid for the October 1, 2011–September 30, 2012 membership year.

| | NAPCRG Members <i>(paid 10/1/11 through 9/30/12)</i> | | Nonmembers | |
|-----------------------|---------------------------------------------------------|--------------|---------------|--------------|
| | Before Oct. 7 | After Oct. 7 | Before Oct. 7 | After Oct. 7 |
| | US \$ | US \$ | US \$ | US \$ |
| Physician: | 589 | 689 | 859 | 959 |
| Nonphysician: | 569 | 669 | 789 | 889 |
| Fellow: | 479 | 579 | | |
| Resident and Student: | 299 | 399 | | |

Preconference Workshops:

- PR1: Evaluating Practice Transformation – (\$199)
 PR2: Mixed Methods Research: Introduction, Research Questions, Study Design, and Implementation Planning – (\$199)

Evening Event “Dancing and Dessert”:

(Tuesday, Nov 15) – No Fee (included in registration, but please RSVP)

- Plan to Attend Not Attending

_____ additional tickets (\$49 US) for non-registered guests
 (Children under 12 free)

Payment Information: (Tax ID #51-0239450)

Make check or money order payable to NAPCRG or provide credit card information.

- Check or Credit Card: MasterCard Visa American Express
 Card Number _____ Exp Date _____
 Cardholder _____
 Signature _____

Cancellation/Refund Policy: All Requests for refunds must be received in writing. Written requests received by NAPCRG before October 31, 2011 = 50% refund. No refunds will be issued after October 31, 2011.

Registration: \$ _____
Preconference(s): \$ _____
Evening Event: \$ _____
TOTAL DUE: \$ _____

HOW TO REGISTER

By Mail:
 11400 Tomahawk Creek Pkwy,
 Suite 540, Leawood, KS 66211

By Fax:
 When paying by credit card, fax to
 913-906-6096

Questions?
 Contact Priscilla Noland at
 888-371-6397 ext. 5410,
 pnoland@napcrg.org.