

MEETING REGISTRATION FORM

Name _____ Credentials _____

Institution _____

Address _____

City _____ Prov/State _____ Country _____ PC/Zip _____

Phone _____ E-mail _____

TELL US ABOUT YOURSELF

Date of Birth: ___/___/___

Gender: Female Male Other Prefer Not to Disclose

Race (check all that apply):

- | | |
|---|---|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Asian |
| <input type="radio"/> Black or African American | <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> White | <input type="radio"/> Prefer Not to Disclose |

Ethnicity: Hispanic or Latino Not Hispanic or Latino

PBRN Role: Network Director or Associate Director Clinician
 Network Manager/Administrator Medical Student
 Coordinator/Facilitator Project Officer
 Patient/Community Member Other *(please specify)* _____

Discipline: Family Medicine Internal Medicine Pediatrics Nursing Pharmacy
 Dentistry Research/Health Services Research Public Health/Community Health
 Psychology/Psychiatry/Behavioral Sciences Healthcare Administration
 Other _____

One or Both of My Parents Graduated From College? Yes No Prefer Not to Disclose

Are you a first-time attendee? Yes No

Are you a NAPCRG Member? Yes No

To ensure NAPCRG can provide the best experience for our members, please specify if you require a reasonable accommodation(s) to fully participate in our program: _____

I hereby give my consent that my name and contact information can be shared with other NAPCRG attendees at this event. Yes No

2021 REGISTRATION RATES

| | |
|---------------------------------|-------|
| Regular Rate | \$150 |
| Patient/Community Member | \$80 |

All registration fees are in US dollars.

Completed registration form and payment must be received by June 18 to guarantee access to the conference on June 24. Any registration forms and payment received after this date may have delayed access.

PAYMENT INFORMATION

MasterCard Visa American Express Check (*Make check payable to NAPCRG*)

Card Number _____ Exp Date _____ CCV _____ Total Fees: \$ _____

Cardholder _____ Signature: _____

Billing Address _____

(Tax ID #51-0239450)

Cancellation/Refund Policy:

There will be no refunds issued after purchase.

HOW TO REGISTER...

Online: www.napcrg.org

By Mail: 11400 Tomahawk Creek Pkwy, Suite 240, Leawood, KS 66211

Questions? napcrgoffice@napcrg.org

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