

Which best describes the setting in which you work? (check one)

- Academic institution
- AHEC
- Health plan/payer
- Health System
- Quality Innovation Network (QIN)/Quality Improvement Organization (QIO-QIN)
- Other (please specify) _____
- Primary care/community health clinic
- Research institute/organization

What is your practice facilitator status? (check one)

- Active practice facilitator
- Future practice facilitator (learner)
- Practice facilitator leader/mentor
- Another type of attendee

Are you a first-time attendee? Yes No

Are you a NAPCRG Member? Yes. No

Attendee name and contact information will be shared with other NAPCRG attendees at this event. Please check the box below if you'd like to opt out of having your information shared.

Opt Out of Sharing

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:

Do you have any special dietary needs?

- Gluten free
- Vegan
- Vegetarian

I acknowledge that by attending the Annual Meeting I may be photographed or recorded during conference proceedings and these media may be used for future NAPCRG promotional purposes. Yes

2022 REGISTRATION RATES

	Early Bird Rate	Regular Rate
	(through August 8)	(August 8 and after)
Regular Rate	\$275	\$375

All registration fees are in US dollars.

NAPCRG Health and Safety Policy for Conferences, Events, and Meetings

NAPCRG has adopted requirements and protocols associated with attendance at all in-person NAPCRG conferences, events, and meetings.

The full NAPCRG Health and Safety Policy for Conferences, Events and Meetings can be viewed on our website. Specifically, NAPCRG members should note:

- All people attending the conference, event and/or meeting must be fully vaccinated against COVID-19. You will be required to attest to this as part of your registration.
- All people attending the conference, event and/or meeting must wear masks during all meetings and activities, as appropriate.
- All attendees will comply with all local, state, and province/national policies and mandates, as well as guidance from the facility staff.
- NAPCRG reserves the right to adjust formats, reschedule, or cancel conferences, meetings, or events to ensure the safety of attendees.

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.

[Click here to view the full policy.](#)

It is understood that COVID-19 is an extremely contagious disease that can lead to severe illness and death. I attest to (confirm/acknowledge) my or my organization's desire and voluntary choice to travel to and participate in this NAPCRG conference, event and/or meeting. I or my organization assumes responsibility for me and our staff and accepts the risk of being exposed, contracting, and/or spreading COVID-19 to attend the NAPCRG Conference, event and/or meeting. 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 I hereby waive, release, and hold harmless NAPCRG, 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 our attendance. I agree to follow all instructions and safety precautions posted or provided by NAPCRG, the conference and/or event venue, and/or any governing authority during conference, event and/or meeting (e.g., wearing masks in all meeting areas). It is understood and agreed that my failure to do so may result in me being excluded from the conference, event or meeting without refund, reimbursement, or other remuneration. NAPCRG will not be held responsible should you be required to quarantine.

I have read and agree to the North American Primary Care Research Group's COVID-19 acknowledgement, waiver, and release and confirm that I am fully vaccinated against COVID19.

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:

Cancellation/Refund Policy: All Requests for refunds must be received in writing. Written requests received by NAPCRG before August 8, 2022, will received a 50% refund. No refunds will be issued after August 8, 2022.

HOW TO REGISTER...

Online: www.napcr.org

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

Questions? napcrgoffice@napcrg.org

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