



MEETING REGISTRATION FORM

(*Fields with asterisk are required)

*Name _____ Credentials _____

*Name to appear on badge _____

Organization _____

*Address _____

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

Phone _____ *E-mail _____

TELL US ABOUT YOURSELF

*Date of Birth: ___/___/___

*Gender Identity (Select all that apply):

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

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

- American Indian/Alaskan Native/Indigenous
- Black/African American
- Middle Eastern/North African
- Choose to Not Describe
- Asian
- Hispanic/Latino/Of Spanish Origin
- Native Hawaiian/Other Pacific Islander
- White

*There is also a definition of underrepresented in medicine:

Underrepresented in medicine (URM) means those racial and ethnic populations that are underrepresented in the medical professional 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 URM: Yes No

*Professional Role:

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

*Specialty:

- Family Medicine
- Nursing
- Public Health
- Internal Medicine
- Pediatrics
- Other _____

*Are you a research director? Yes No

*Are you a first-time attendee? Yes No

I am requesting special ADA Accommodations to full participate in the conference? Yes No
Special Accommodations:

NAPCRG will offer meal buffets where attendees who are vegetarian, vegan, gluten-free and dairy-free can self-select items that meet their dietary needs. If you have special dietary needs other than these, please explain here being as specific as possible. A staff member will contact if we have questions.

*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

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

2022 REGISTRATION RATES

	Early Bird Rate		Regular Rate	
	(through October 18)		(October 19 and after)	
	Member	Non-Member	Member	Non-Member
Physician	\$790	\$1,120	\$910	\$1,240
Other Primary Care Researcher	\$765	\$1,095	\$885	\$1,215
Fellow	\$479	\$589	\$579	\$689
Resident	\$375	\$440	\$475	\$540
Graduate Student w/Terminal Degree	\$375	\$415	\$475	\$515
Student	\$375	\$395	\$475	\$495
Patient/Community	\$375	\$400	\$475	\$500

**2022-2023 NAPCRG membership is required to register for the Annual Meeting. A membership fee will be added to your registration fee, if needed. Visit www.napcrg.org/member-center/joinrenew for more information on NAPCRG membership levels and fees.*

*Please indicate your registration category:

- Physician
- Fellow
- Graduate Student w/Terminal Degree
- Patient/Community
- Other Primary Care Researcher
- Resident
- Student

PRECONFERENCE PROGRAMMING (additional fees apply)

- **PR1: Place Matters: Mapping Service Areas for Population Health Improvement (Introductory GIS)**
Friday, November 18; 8:00 am – 12:00 pm
Fee: \$99

- **PR2: How might we handle the wicked problems of health inequities differently?**
Friday, November 18; 8:00 am – 12:00 pm
Fee: \$99

- **PR4: Building Research Capacity (BRC): Utilizing Research Indicators to Boost Your Department's Effectiveness**
Friday, November 18; 1:00 pm – 5:00 pm
Fee: \$99

- **PR5: Rising Stars in Research**
Friday, November 18; 1:00 – 5:00 pm
Fee: \$0 (This preconference is open to trainees and mentors)

- **PR6: Patient and Clinician Engagement Program: From Basics to Leadership: Understanding the Power of Engagement**
Friday, November 18; 1:00 – 5:00 pm
Fee: \$0

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 or money order payable to NAPCRG)*

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

Cardholder _____ Signature: _____

(Tax ID #51-0239450)

Cancellation/Refund Policy: All Requests for refunds must be received in writing. Written requests received by NAPCRG before October 18, 2022, will received a 50% refund. No refunds will be issued after October 19, 2022.

HOW TO REGISTER...

Online: www.napcrg.org

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

Questions? Contact napcrgoffice@napcrg.org