

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):

- 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

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

2020 REGISTRATION RATES

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

The conference registration fee includes participation in all live virtual sessions and on-demand sessions. On-demand session and recordings of the live session will be available for continued viewing 90 days after the conclusion of the PBRN Conference. All registration fees are in US dollars.

Completed registration form and payment must be received by August 6 to guarantee access to the conference on August 13. Any registration forms and payment received after this date may have delayed access.

SPECIAL EVENTS

Virtual Happy Hour (No additional fees; Participants must be pre-registered)
Thursday, August 13 | 5:00 - 6:00 pm CDT

Attending

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:

Since the 2020 PBRN Conference presentations will be available on-demand until 90 days after the conclusion of the PBRN Conference NAPCRG will not be issuing registration refunds.

Once registered, attendees will have 3 months to participate and/or view on-demand presentations based on their personal schedules.

Thank you for your understanding.

HOW TO REGISTER...

Online: www.napcrg.org

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

Questions? napcrg@napcrg.org

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