

## MEETING REGISTRATION FORM

Fields with an asterisk are required

Name\* \_\_\_\_\_ Credentials \_\_\_\_\_

First 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\* (check all that apply):**

- |   |  |
|---|--|
| <input type="radio"/> Male/Man                          | <input type="radio"/> Female/Woman           |
| <input type="radio"/> Genderqueer/Gender non-conforming | <input type="radio"/> Non-binary             |
| <input type="radio"/> Prefer to self-describe           | <input type="radio"/> Choose Not to Disclose |

**Race or Ethnicity\* (check all that apply):**

- |  |  |
|--|--|
| <input type="radio"/> American Indian/Alaska Native/Indigenous | <input type="radio"/> Asian                                  |
| <input type="radio"/> Black/African American                   | <input type="radio"/> Hispanic/Latino/of Spanish Origin      |
| <input type="radio"/> Middle Eastern/North African             | <input type="radio"/> Native Hawaiian/other Pacific Islander |
| <input type="radio"/> White                                    | <input type="radio"/> Choose Not to Disclose                 |

- PBRN Role\*:**
- |  |   |
|--|---|
| <input type="radio"/> Network Director or Associate Director | <input type="radio"/> Clinician                     |
| <input type="radio"/> Network Manager/Administrator          | <input type="radio"/> Medical Student               |
| <input type="radio"/> Coordinator/Facilitator                | <input type="radio"/> Project Officer               |
| <input type="radio"/> Patient/Community Member               | <input type="radio"/> Other <i>(please specify)</i> |

- Discipline\*:**
- |   |   |  |                               |                                |
|---|---|--|-------------------------------|--------------------------------|
| <input type="radio"/> Family Medicine                           | <input type="radio"/> Internal Medicine                 | <input type="radio"/> Pediatrics                     | <input type="radio"/> Nursing | <input type="radio"/> Pharmacy |
| <input type="radio"/> Dentistry                                 | <input type="radio"/> Research/Health Services Research | <input type="radio"/> Public Health/Community Health |                               |                                |
| <input type="radio"/> Psychology/Psychiatry/Behavioral Sciences | <input type="radio"/> Healthcare Administration         |  |                               |                                |
| <input type="radio"/> 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

**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:**

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**Do you have any special dietary needs?\***

- Gluten Free
- Vegan
- Vegetarian
- None

**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

**Did you submit an abstract for the conference?\***

- Yes
- No

**If you answered yes to the question above, please input your submission number(s).**

\_\_\_\_\_

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

**Please read this policy carefully. A response is required below**

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

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.*

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.

## 2023 Registration Rates

	Early Bird Rate	Regular Rate
	(through May 1)	(May 2 and after)
<b>NAPCRG Member</b>	\$315	\$415
<b>Non-Member</b>	\$365	\$465
<b>Patient</b>	\$80	\$100

All registration fees are in US dollars.

## 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:**

All Requests for refunds must be received in writing. Written requests received by NAPCRG on or before May 1, 2023, will receive a 50% refund. No refunds will be issued on or after May 2, 2022.

**HOW TO REGISTER...**

Online: [www.napcrg.org](http://www.napcrg.org)

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

66211 Questions? [napcrgoffice@napcrg.org](mailto:napcrgoffice@napcrg.org)

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