

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):**

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

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

- | | |
|---|--|
| <input type="radio"/> American Indian/Alaskan 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 to Not Describe |

***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

***PBRN Role:**

- | | |
|--|--|
| <input type="radio"/> Network Director or Associate Director | <input type="radio"/> Medical Student |
| <input type="radio"/> Network Manager/Administrator | <input type="radio"/> Project Officer |
| <input type="radio"/> Coordinator/Facilitator | <input type="radio"/> Patient/Community Member |
| <input type="radio"/> PBRN Collaborator/Researcher | <input type="radio"/> Other _____ |

***Discipline:**

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

*Are you a first-time attendee? Yes No

I am requesting ADA Accommodations to fully participate in the conference. Yes No
Accommodations Needed:

Conference meals will be vegan, vegetarian, and gluten free friendly. If you require additional dietary support, please let us know here.

*I acknowledge that by attending PBRN 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

VOLUNTEER OPPORTUNITIES

*Would you like to moderate a session during the meeting? Yes No

*Would you like to lead a poster walk during a session during the meeting? Yes No

2025 REGISTRATION RATES

	Early Bird Rate	Regular Rate
	(through May 2)	(May 3 and after)
NAPCRG Member	\$390	\$490
Non-Member	\$440	\$540
Patient	\$85	\$105

**All registration fees are in USD*

*Please indicate your registration category:

- NAPCRG Member
- Non-Member
- Patient

NAPCRG Conference Policies

By registering to attend NAPCRG's Practice-Based Research Network (PBRN) Conference, you are agreeing to and confirming that you read our Conference Policies.

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

CANCELLATION/REFUND POLICY

All Requests for refunds must be received in writing. Written requests received by NAPCRG on or before May 2, 2025, will receive a 50% refund. No refunds will be issued on or after May 3, 2025.

HOW TO REGISTER

Email a completed form to napcrgoffice@napcrg.org. We will provide a secure link for payment.

Questions? napcrgoffice@napcrg.org

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