

STARFIELD SUMMIT

Advancing Primary Care Research, Policy and the Triple Aim

**Registration Information**

Name (for badge): \_\_\_\_\_

Degree(s): \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Professional Role (Check All That Apply)**

Behavioral/Social Science Specialist \_\_\_\_\_ Coordinator/Admin \_\_\_\_\_

Dean/Associate or Assistant Dean \_\_\_\_\_ Department Chair \_\_\_\_\_

Fellow \_\_\_\_\_ Health Educator/Dietician \_\_\_\_\_ Medical Student \_\_\_\_\_

Medical Student Education Director/Clerkship Director \_\_\_\_\_

Medical Student Education Faculty \_\_\_\_\_ Nurse Practitioner \_\_\_\_\_

Nurse/Medical Assistant \_\_\_\_\_ Pharmacist \_\_\_\_\_ Physician Assistant \_\_\_\_\_

Practicing Physician \_\_\_\_\_ Researcher \_\_\_\_\_ Residency Director \_\_\_\_\_

Residency Faculty \_\_\_\_\_ Resident \_\_\_\_\_ Retired \_\_\_\_\_

Other: (requires response) \_\_\_\_\_

Work Setting (Check All That Apply)

Medical School Department \_\_\_\_\_ Residency Program \_\_\_\_\_ Private Practice \_\_\_\_\_  
Association \_\_\_\_\_ Government Agency \_\_\_\_\_

I do not work for an association, government agency or in private practice \_\_\_\_\_

**So We May Better Serve You at the Summit:**

Special Dietary Requirement: Vegetarian, Vegan or Gluten-free

Additional Dietary Requests: \_\_\_\_\_  
\_\_\_\_\_

Please check here if you have a disability and may require special accommodation(s) to fully participate.  
You will be contacted by conference staff for further arrangements. \_\_\_\_\_