

Onsite Registration Form  
*24<sup>th</sup> annual*  
Primary Care Research Methods & Statistics Conference  
December 2-4, 2011  
San Antonio, Texas

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Indicate level of research experience:  Novice  Intermediate  Experienced

Degree:  MD  PhD  RN  MS  Other: \_\_\_\_\_

Check here if registering for the Novice Researcher Workshop (*additional \$50 fee*)  
**“Methods Workshop for the Novice Researcher”** – John G. Ryan DrPH, Univ. of Miami

Check here if registering for the Experienced Researcher Workshop (*additional \$50 fee*)  
**“STATA Workshop for Experienced Researchers”** – William Rising PhD, STATA Corp.

Please identify yourself:

Faculty  Fellow  Resident  Clinical Faculty

Practicing Physician  Student  Other: \_\_\_\_\_

Specialty: \_\_\_\_\_

Race/Ethnicity (required by AHRQ):  Hispanic  non-Hispanic White

African American  Asian American  Native American  Other: \_\_\_\_\_

How did you learn about the conference:  Brochure  Internet/Website  Other: \_\_\_\_\_

Please indicate the national organizations of which you are a member:

STFM  Academic Pediatric Association

NAPCRG  National Council of Nurse Researchers

SGIM  Other: \_\_\_\_\_

<b>Fees</b> (check all that apply):	early fee	late fee (after Nov. 18, 2011)
<input type="checkbox"/> Registration Fee	\$295	\$350
<input type="checkbox"/> UTHSCSA Faculty	\$195	\$250
<input type="checkbox"/> Fellows (with written verification)	\$195	\$250
<input type="checkbox"/> Residents (with written verification)	\$195	\$250
<input type="checkbox"/> Students (with written verification)	\$195	\$250
<input type="checkbox"/> <b>Experienced</b> Researcher Workshop "STATA Workshop for the Experienced Researcher"	\$50	
<input type="checkbox"/> <b>Novice</b> Researcher Workshop "Methods Workshop for the Novice Researcher" John G. Ryan DrPH, University of Miami	\$50	
total enclosed: \$_____		
<i>(please note that all presenters must pay registration fee)</i>		
Make Checks payable to "UTHSCSA, Dept. of Family & Community Medicine" or pay by credit card:		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover <input type="checkbox"/> American Express
card number: _____		Security code# _____
expiration date: ___/___/___		Signature: _____

- Registrants who enroll by November 18, 2011, will be included in the "List of Attendees" distributed.

Please send registration form to: Office Continuing Nursing Education  
 UT Health Science Center at San Antonio  
 School of Nursing  
 Continuing Nursing Education  
 7703 Floyd Curl Dr., mailcode 7946  
 San Antonio, TX 78229  
 ATTN: Sherece McGoon, Conference Coordinator  
 Phone 210-567-5850 Fax: 210-567-5909  
 Email: [mcgoon@uthscsa.edu](mailto:mcgoon@uthscsa.edu)

Please be sure form is signed.

Hotel Information: The Menger Hotel, 204 Alamo Plaza, San Antonio Texas 78205  
 Phone: 210-223-4361 Toll-free: 800-345-9285  
 Fax: 210-228-0022 Email: [mengerreservations@1859historichotels.com](mailto:mengerreservations@1859historichotels.com)  
 Website: <http://mengerhotel.com/>  
 A block of rooms will be held until **November 18, 2011**