Onsite Registration Form

24th 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: __________________________________________________________________________
**Fees** (check all that apply): early fee late fee (after Nov. 18, 2011)

__ Registration Fee __ UTHSCSA Faculty __ Fellows (with written verification) __ Residents (with written verification) __ Students (with written verification)  
$295 $195 $195 $195 $195  
$350 $250 $250 $250 $250  

__ Experienced Researcher Workshop $50  “STATA Workshop for the Experienced Researcher”  

__ Novice Researcher Workshop $50  “Methods Workshop for the Novice Researcher”  
John G. Ryan DrPH, University of Miami  

total enclosed: $_________

*(please note that all presenters must pay registration fee)*  

Make Checks payable to "UTHSCSA, Dept. of Family & Community Medicine“ or pay by credit card:

__ Visa ___ MasterCard ___ Discover ___ 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  

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  
Website: [http://mengerhotel.com/](http://mengerhotel.com/)  
A block of rooms will be held until **November 18, 2011**