



www.fmec.net

2009 NorthEast Region Meeting of the Society of Teachers of Family Medicine

Hosted by the New York and New Jersey Family Medicine communities, including Albert Einstein College of Medicine, Dept. of Family & Social Medicine Bronx, NY; Beth Israel Family Medicine Residency New York, NY; Columbia Univ. Medical Center, New York Presbyterian Hospital Center for Family and Community Medicine New York, NY; Hoboken Univ. Medical Center UMDNJ New Jersey Medical School Family Medicine Residency Hoboken, NJ; Jamaica Hosp. Medical Center Dept. of Family Medicine Jamaica, NY; Montefiore Medical Center Dept. of Family & Social Medicine Bronx, NY; New Jersey Med. School-UMDNJ Dept. of Family Medicine Newark, NJ; New York College of Osteopathic Medicine Dept. of Family Medicine of New York Institute of Technology Old Westbury, NY; Overlook Hosp. Family Medicine Residency Atlantic Health Summit, NJ; Wyckoff Heights Medical Center Family Medicine Residency Program Brooklyn, NY.

Residency Fair and Student Scholarship

Yes, our Residency Program **WILL PARTICIPATE** in the 2009 Northeast Region Society of Teachers of Family Medicine Residency Fair Program.

Yes, our hospital/program **WILL SPONSOR** a student scholarship(s).

If you would like the scholarship to go to a student(s) at a specific medical school(s) or from a specific state, please indicate the preference below. For each scholarship supported, a letter will be sent to a student informing her/him of the residency program sponsoring the scholarship.

Medical school(s) _____ State _____

No preference (place an X if you have no preference) _____

Residency Fair Registration Includes Display Booth and 1 Resident Registration

FMEC MEMBERS:	NON FMEC MEMBERS:
\$ _____ \$800.00 (\$550.00 for 2009 FMEC Members + \$250.00 for 2010 FMEC membership renewal if paid by July 15, 2009: FMEC Membership No.: _____	\$ _____ \$800.00 for non FMEC Members if paid by July 15, 2009
\$ _____ \$850.00 Late Fee (\$600.00 for 2009 FMEC Members + \$250.00 for 2010 membership renewal if paid after July 15, 2009)	\$ _____ \$850.00 Late Fee for non FMEC Member if paid after July 15, 2009
\$ _____ \$65.00 Electrical outlet fee for our display	\$ _____ \$65.00 Electrical outlet fee for our display
\$ _____ Scholarship Contribution (\$400.00 per student scholarship)	\$ _____ Scholarship Contribution (\$400.00 per student scholarship)
\$ _____ TOTAL AMOUNT ENCLOSED	\$ _____ TOTAL AMOUNT ENCLOSED

Residency Director's Full Name and Degree(s) _____

Name of Resident who is co-hosting your booth with your Res. Dir.: _____

Contact Person (if different) _____

Institution Name: _____

Dept. Name: _____

Billing Address: _____

Telephone _____ Fax _____ E-mail _____

PAYMENT

Check enclosed (**payable to FMEC/Long & Associates, Inc.**, P.O. Box 117, 28 Lowry Drive, West Milton, OH 45383-0117)

Credit Card I hereby authorize use of my: Discover Visa MasterCard American Express

Card # _____ Signature _____

Expiration Date _____ Sec. Code# _____ Total: \$ _____

REFUND POLICY: Written notification of cancellation must be received by October 1, 2009 to obtain a partial refund. (\$50.00 administrative fee is retained). NO refunds made after October 1, 2009. **Mail payment and/or cancellation requests to: FMEC/Long & Associates, Inc. PO Box 117, 28 Lowry Drive West Milton OH 45383-0117 Fax to: (937) 698-6153 Telephone: (937) 698-4188 Email: dschwan@longmgt.com** Other questions? Please call Laurence Bauer, M.S.W. (937) 428-7866 [Email: laurence.bauer@sbcglobal.net](mailto:laurence.bauer@sbcglobal.net) No Residency Fair registrations will be accepted after October 1, 2009 (Rev. 03/17/09)



[WWW.FMEC.NET](http://www.fmec.net)

2009 STFM: NORTHEAST REGION MEETING

Faculty –Student Luncheon Discussion Tables

Is a member of your faculty willing to lead a Student Discussion Table at the 2009 STFM:NE Conference during the Saturday Lunch (12:30 – 1:30pm) on October 31st ? If yes, provide the information below.

List the name of the faculty member (not a resident) who will lead the discussion.

Name _____

Residency Program Name

His/Her Phone () _____ - _____ Her/His Email _____

_____ I am willing to lead a discussion table during Saturday's Luncheon
(Limit of one table per residency fair program registrant)

Indicate your preference by using the following scale:

1 = First Preference; 2 = Second Preference; 3 = Third Preference

_____ Realities of Practice: Family Practice in an Urban
Setting

_____ Realities of Practice: Family Practice in a Rural
Setting

_____ Realities of Practice: Family Practice in a Suburban
Setting

_____ Realities of Practice: Academic Family Medicine
Geriatrics and Family Practice

_____ Adolescent Care and Family Practice

_____ Sports Medicine and Family Practice

_____ Obstetrics in Family Practice

_____ The Family in Family Medicine

_____ Treating AIDS as a Family Doctor

_____ Behavioral Science in Family Medicine Training

_____ Domestic Violence

_____ Educating Your Patient as a Family Physician

_____ Diversity Issues in Medicine: Race, Gender,
Ethnicity, Sexual Orientation, Etc.

_____ Why Family Practice is Not Just Any Old Primary
Care

_____ Women in Medicine

_____ Women's Health and Family Practice

_____ Non-Traditional Approaches to Medicine

_____ Talking About Death with Patients

_____ Balancing Life and Medical Practice in

Family Medicine

_____ Talking About Sexuality with Patients

(Write in Topic) _____

FAX to : Ms. Lisa Schwieterman 937 845-4108

For Information contact: Laurence Bauer, MSW at 937 428-7866 or Laurence.bauer@sbcglobal.net

The Deadline to Submit Faculty-Student Luncheon Discussion Table Requests is: Friday, October 9, 2009



www.fmec.net

**2009 NorthEast Region Meeting
of the
Society of Teachers of Family Medicine**

Residency Fair Clinical Camp Table Request

Is a member of your faculty willing to lead a Clinical Camp Table at the 2009 STFM:NE Conference during the Residency Fair? If yes, please provide the information below.

Please list the name of the faculty member who will lead the discussion.

Faculty Name: _____

Residency Program Name: _____

His/Her Phone () _____ - _____ Her/His Email _____

_____ Yes, I am willing to lead a Clinical Camp Table (Limit of one table per Residency Program)

_____ Yes, I need an electrical outlet for our Clinical Camp Table (add \$65.00)

_____ No, I am not willing to lead a Clinical Camp Table

Indicate your preference by using the following scale:

1 = First Preference; 2 = Second Preference; 3 = Third Preference; 4 = Fourth Preference

(Tables are assigned on a first-come, first-serve basis)

<input type="checkbox"/> A Rational Approach to Diagnostic Testing	<input type="checkbox"/> Meter Mania
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Name that Rash
<input type="checkbox"/> Breast Cyst Aspiration	<input type="checkbox"/> Nasolaryngoscopy
<input type="checkbox"/> Breastfeeding & Pumping	<input type="checkbox"/> OB Ultrasound
<input type="checkbox"/> Caring for the Underserved	<input type="checkbox"/> Osteopathic Manipulation Technique
<input type="checkbox"/> Case Studies in Musculoskeletal Injuries	<input type="checkbox"/> PDA Basics for the Family Physician
<input type="checkbox"/> Circumcision	<input type="checkbox"/> Perineal Repair
<input type="checkbox"/> Colposcopy	<input type="checkbox"/> Phlebotomy
<input type="checkbox"/> Contraception	<input type="checkbox"/> Present Your Best CV for the Match
<input type="checkbox"/> Dermatology Made Simple	<input type="checkbox"/> Psychiatric Emergencies, Suicide Risk Evaluation
<input type="checkbox"/> EBM for Medical Decision Making	<input type="checkbox"/> Scholarly Activity and Fellowship in Family Medicine
<input type="checkbox"/> EKG Reading	<input type="checkbox"/> Shave and Punch Biopsies
<input type="checkbox"/> Endometrial Biopsy	<input type="checkbox"/> Splinting and Casting
<input type="checkbox"/> Evaluation of the Injured Ankle	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Flex Sigmoidoscopy	<input type="checkbox"/> Surviving Internship: Quick Decision Making in the ER
<input type="checkbox"/> Fractures and Dislocations	<input type="checkbox"/> Survivor: Worst Case Scenarios for the Family Doc & How to Manage Them
<input type="checkbox"/> Intubation	<input type="checkbox"/> Suturing techniques
<input type="checkbox"/> IUD insertion	<input type="checkbox"/> Using the Ophthalmoscope
<input type="checkbox"/> Joint Evaluation and Injections	<input type="checkbox"/> Vaginal Delivery
<input type="checkbox"/> Managing Miscarriage in the Primary Care Setting	<input type="checkbox"/> Wilderness Medicine
<input type="checkbox"/> Melanoma	<input type="checkbox"/> X-Ray Interpretation
<input type="checkbox"/> Write-In Topic: _____	

Tables are assigned on a first-come, first-serve basis.

The Planning Committee will assign the night for your Clinical Camp Table (Friday or Saturday)

All Clinical Camp Table assignments are final.

The Deadline to Submit Clinical Camp Table Requests is: Friday, October 9, 2009

FAX To: 937 845-4108

For information contact: Laurence Bauer, MSW at 937 428-7866 or Laurence.bauer@sbcglobal.



SOCIETY OF TEACHERS OF FAMILY MEDICINE NORTHEAST REGION MEETING



sponsored by the
Family Medicine Education Consortium
www.fmec.net

7795 Raintree • Dayton OH 45459
937-428-7866 • Fax 937-428-0731

To: All Exhibitor and Residency Fair Participants of the 2009 STFM:NE Region Meeting
From: Laurence Bauer, Chair, Planning Committee

RE: **Shipping Instructions for Exhibitor and Residency Fair Booth Materials**

Please find below shipping to/from instructions for your Exhibitor booth materials.
If you have any questions or concerns, please contact me,
Laurence.bauer@sbcglobal.net or my assistant, Lisa Schwieterman: lisa.schwieterman@fmec.net

SHIP TO ARRIVE BY THURSDAY AFTERNOON, OCTOBER 29, 2009

Your shipping label should read:

SHIP TO:

Hilton Rye Town Hotel
ATTN: Ms. Mala Gopala, Dir. Of Events
699 Westchester Avenue
Rye Brook, New York, 10573
Tel: 1-914-939-6300
Fax: 1-914-939-5328

FOR:

2009 STFM:NE Region Meeting
October 30 - Nov. 1, 2009

FOR:

(EXHIBITOR) or (Residency Fair) BOOTH: (Name of Exhibitor or Residency Fair Dept.)

RETURN SHIPMENT OF EXHIBITOR OR RESIDENCY FAIR DISPLAY BOOTHS:

If you would like to have your materials shipped back to you after the Conference, please prepare the materials for shipment immediately: A) After Exhibitor hours end at 6:00pm Saturday, for all Exhibitors, or B) After the Residency Fair Saturday evening, Nov. 1st for all Residency Fair Programs.

- Tightly package and clearly address your materials to your location.
- Complete the attached Shipping Form
- Leave your materials in your Exhibitor or Residency Fair Booth for hotel staff pick up on Sunday, Nov. 1st.
- The hotel staff will pick-up the materials from your Exhibitor or Residency Fair Booth and store them in a secure location until Monday, Nov. 2nd .
- Each Exhibitor and Residency Director is responsible for arranging pick-up of their booth materials, per their shipping instructions on Monday, Nov. 2nd . **Please call your shipper for pick-up on Nov. 2nd .**
- If you have a Federal Express, or other shipping account, please bring the completed shipping form with your account number, credit card number, or billing instructions filled in. The Hilton Rye Town Hotel and the 2009 STFM:NE Region Meeting are not responsible for shipping charges to your location.

If you do not want your booth materials shipped back to you by the Rye Town Hilton hotel staff:

- Take all materials from your booth at the end of the Residency Fair Saturday evening, Oct. 31st .

The Hilton Rye Town Hotel staff is not responsible for items left in the Exhibitor Booth after the Conference closes at 12:00 noon Sunday, Nov 1st

