**Resource Fair.** Before the symposium began, 30 minutes were allocated for participants to register, eat dinner, network, and visit tables staffed by local organizations. The symposium planning team developed a list of local healthcare, advocacy, social service, and other organizations relevant to SGM health to contact and recruit for participation. RECLAIM, Earl Bakken Center for Spirituality and Healing, JustUs Health, YAP UMN, LGBT Therapists, Bisexual Organizing Project (BOP), Harbor Clinic, Planned Parenthood, and OutFront organizations were represented at the Resource Fair providing a range of resources including volunteer opportunities to volunteer, advocacy alerts, and informational literature.

**Keynote Speaker.**The symposium began with a keynote speech from Dr. Erica Anderson, a prominent psychologist who specializes in care for SGM patients and happens to be transgender herself. She utilized narrative medicine to share her experiences as both a provider for, and member of, the SGM community. She closed her speech with a musical performance in which she sang about her emotions after the first time a stranger used her correct pronouns.

**Provider Panel.** The second section of the event was a panel of both providers and recipients of care. This included two physicians and two families.  The physicians included an internal medicine-pediatrics physician who practices primary care for SGM pediatric patients and a plastic and reconstructive surgeon with expertise in gender-affirming procedures, while the families included the mother of a transgender man and a family including a mother and her transgender son. The panel was facilitated by the care coordinator of a gender transition initiative at University of Minnesota Health. He prompted participants with open-ended questions eliciting healthcare experiences and challenges from the perspective of their own professional and lived experiences. At the end of the panel, panelists responded to audience questions and comments.

**Breakout Sessions.**Following the provider panel, participants were divided into groups of 15-25 to participate in a facilitated breakout session based on a case study. The objective of the breakout session was to enable participants to apply the information gained in the aforementioned symposium components within a plausible clinical scenario. Two medical students reviewed the literature on pediatric care for SGM patients to develop the case study, which described a pediatric patient presenting to a health clinic with gender identity concerns. Upon arrival, participants were randomly assigned to a group to promote diversity of experiences and identities. Each group was led by a facilitator who was identified by symposium planning team members to be interested in SGM healthcare issues and included physicians, social workers, advocates, researchers, and parents. Facilitators led the group to discuss the case in three sections, with participants responding to and discussing questions after each section. Student volunteers assigned to each group supported the facilitator in navigating to assigned rooms, time-keeping, co-facilitating, and distributing evaluation surveys.

**Recruitment and Marketing.**We hoped to engage as large an audience as possible. For this reason, recruitment and marketing strategies were intended to collaborate with interprofessional schools and professionals within our university as well as community members both inside and outside of medical fields. Recruitment for speakers, panelists and small group facilitators involved reaching out within our existing networks of those dedicated to SGM health and wellbeing in the Twin Cities area.