

Registration Form

Personal Information

Name	FIRST	LAST		
Address	STREET (<input type="radio"/> Work <input type="radio"/> Home)			
	CITY	STATE	ZIP	
Phone	PRIMARY		FAX	
Email				
Company				
*Special Requests	e.g., wheelchair access, meal requirement		Specialty	

Demographics:

- Administrator
 Associate/Assistant Medical Director
 Hospitalist
 Medical Director
 Other: _____

Specialty: _____

Tuition: SHM MEMBER: \$1,950 (before November 27, 2018)
 \$2,195 (as of November 28, 2018)
 NON-MEMBER: \$2,050 (before November 27, 2018)
 \$2,295 (as of November 28, 2018)

Cancellation Policy:
 Prior to January 29, 2019 Full Refund less \$300 Administrative Fee
 On or after January 29, 2019 No Refund

Payment

Check Enclosed (payable to Society of Hospital Medicine). Please remit in U.S. Funds drawn on U.S. bank.

OR

Credit Card	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>												
Cardholder's Name																	
Credit Card Number													Expiration Date	M	M	Y	Y
CVV#				Cardholder's Signature													

Call 800-843-3360 to reserve space for registrations mailed/faxed after January 22, 2019 due to limited seating.

800-843-3360 267-535-2911
 . Society of Hospital Medicine, P.O. Box 822898, Philadelphia, PA 19182-2898
 * Meetings@hospitalmedicine.org

To Make Hotel Reservations: Call the hotel at 800-547-8705 and reference Society of Hospital Medicine (SHM) 2019 Quality and Safety Educators Academy – **or make reservations online at www.shmqsea.org/hotel.**