

# QSEA

QUALITY & SAFETY EDUCATORS ACADEMY

FEB. 8-10, 2021 / THE WOODLANDS, TX

The Woodlands Resort \ The Woodlands, Texas

## REGISTRATION FORM

### Personal Information

|   |                     |                            |
|---|---------------------|----------------------------|
| First Name  | Last Name           | Credentials (MD, DO, etc.) |
| Preferred Mailing Address*                                    |                     |                            |
| City, State/Province, Zip/Postal                              |                     |                            |
| Phone   | Company/Institution |                            |
| Email (mandatory)   | Specialty           |                            |
| Special Requests (e.g., wheelchair access, meal requirements) |                     |                            |

PLEASE NOTE: Registration forms that do not include an **email address** will not be processed.

### Demographics

- Hospitalist
  Associate/Assistant Medical Director
  Medical Director  
 Administrator/Manager
  Other (please specify): \_\_\_\_\_

### Registration Rates

Register online at [shmqsea.org](http://shmqsea.org).

|                          | MEMBER                           | NON-MEMBER                       |
|--------------------------|----------------------------------|----------------------------------|
| Before November 10, 2020 | <input type="checkbox"/> \$1,950 | <input type="checkbox"/> \$2,050 |
| After November 10, 2020  | <input type="checkbox"/> \$2,195 | <input type="checkbox"/> \$2,295 |

## Cancellation Policy

Cancellations must be submitted in writing via fax or email. The postmark, fax or email date will determine your refund using the following schedule:

**\$ Full refund**  
**(less \$300 administrative fee)**  
Prior to January 19, 2021

**\$ No Refund**  
After January 19, 2021

## Group Discounts

5% discount per person for groups of 3 - 5 registrants

Groups of 6 or more are eligible for a 10% discount per person. A letter of agreement between SHM and the institution is required. Please contact [meetings@hospitalmedicine.org](mailto:meetings@hospitalmedicine.org) for more information.

## Payment

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

OR

Charge to the following:      

|                    |  |    |  |  |  |  |  |  |  |  |                        |  |                 |  |   |   |   |   |
|--------------------|--|----|--|--|--|--|--|--|--|--|------------------------|--|-----------------|--|---|---|---|---|
| Cardholder's Name  |  |    |  |  |  |  |  |  |  |  |                        |  | CVV#            |  |   |   |   |   |
| Credit Card Number |  |    |  |  |  |  |  |  |  |  |                        |  | Expiration Date |  | M | M | Y | Y |
| Total Charged      |  | \$ |  |  |  |  |  |  |  |  | Cardholder's Signature |  |                 |  |   |   |   |   |

## Hotel Reservations

Go to [shmqssea.org/hotel](http://shmqssea.org/hotel) or call The Woodlands Resort at 281-367-1100 and reference the Society of Hospital Medicine Quality and Safety Educators Academy.

## Please direct any questions, comments or payments to:

 Society of Hospital Medicine, Meetings  
P.O. Box 822898, Dept. 301  
Philadelphia, PA 19182-2898

 [meetings@hospitalmedicine.org](mailto:meetings@hospitalmedicine.org)

 800-843-3360  267-535-2911

Registrants will receive an email confirmation **within one week** of receipt of registration application.

**\*If you intend to fax or mail your registration, please email [meetings@hospitalmedicine.org](mailto:meetings@hospitalmedicine.org) to ensure there is space available in the preferred course.**