



# shm. CONVERGE

April 7-10, 2022  
[SHMConverge.org](http://SHMConverge.org)

## REGISTRATION FORM

### Personal Information

First Name		Last Name		Credentials (MD, DO, etc.)	
Preferred Name		Suffix (Jr., etc)	Specialty		
Street Address <input type="checkbox"/> Work <input type="checkbox"/> Home					
City, State/Province, Zip/Postal Code					
Phone			Company/Institution		
Email (Required)				SHM ID # (If Applicable)	

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

## Not a member of SHM?

Join today to save on SHM Converge and access SHM's suite of member benefits. Visit: [hospitalmedicine.org/join](http://hospitalmedicine.org/join)

## Conference Registration April 8-10, 2022

Advanced Learning Courses will be held on April 7, 2022 (formerly Pre-courses)

	<input type="checkbox"/> Physician <input type="checkbox"/> Affiliate		<input type="checkbox"/> PA/NP/PharmD/RN <input type="checkbox"/> Allied Health Professional <input type="checkbox"/> Practice Administrator		Resident/Fellow*		International		Med, NP/PA Student*
	Member	Non-Member	Member	Non-Member	Member	Non-Member	Member	Non-Member	
<b>Early</b> Through Feb. 2, 2022	<input type="checkbox"/> \$795.00	<input type="checkbox"/> \$1,140.00	<input type="checkbox"/> \$555.00	<input type="checkbox"/> \$750.00	<input type="checkbox"/> \$395.00	<input type="checkbox"/> \$490.00	<input type="checkbox"/> \$595.00	<input type="checkbox"/> \$690.00	<input type="checkbox"/> \$95.00
<b>Regular</b> After Feb. 2, 2022	<input type="checkbox"/> \$895.00	<input type="checkbox"/> \$1,240.00	<input type="checkbox"/> \$655.00	<input type="checkbox"/> \$850.00	<input type="checkbox"/> \$495.00	<input type="checkbox"/> \$590.00	<input type="checkbox"/> \$695.00	<input type="checkbox"/> \$790.00	



### On Demand Members: \$100 Non-Members: \$325

Now there's no need to choose. Take advantage of this upgrade and receive heavily discounted access to online audio slide recordings from the hottest tracks. PLUS, earn additional *AMA PRA Category 1 Credit(s)*<sup>TM</sup>.

## 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 \$50 administrative fee)  
Through January 27, 2022

**\$ Full Refund**  
(less \$100 administrative fee)  
January 28-March 3, 2022

**\$ No Refund**  
After March 3, 2022

## 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:      

For your security, credit card payments can be made **online** or by phone, **800-843-3360**.

\*Medical Students, NP, and PA Students and Residents are required to submit a letter from their institution verifying status to complete registration.

The Society of Hospital Medicine is accredited by the *Accreditation Council for Continuing Medical Education (ACCME)* to provide continuing education for physicians.

## Please mail registrations with check payments to:

 Society of Hospital Medicine, Meetings  
P.O. Box 822898, Dept. 200, Philadelphia, PA 19182-2898

## Please direct any questions or comments to:

 [meetings@hospitalmedicine.org](mailto:meetings@hospitalmedicine.org)  800-843-3360