

Hospital Medicine
HM21
SHM's Annual Conference
May 4-7, 2021
Las Vegas, NV

shmanualconference.org

REGISTRATION FORM

Personal Information

| | | |
|--|--------------------------|----------------------------|
| First Name | Last Name | Credentials (MD, DO, etc.) |
| Name as Displayed on Badge | 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) | |
| Special Requests (e.g., wheelchair access, meal requirements)* | | |

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

*Special Requests: To ensure SHM's ability to best serve you, attach a written description of your needs. Please forward this information no later than April 14, 2021 so that SHM may accommodate your request.

Annual Conference May 4 - 7, 2021 (Pre-Courses will be held on May 4, 2021)

Complimentary Membership: A complimentary one-year membership is included with a non-member registration to the main conference for attendees that have never been an SHM member in the past.

| | <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* | | Med, NP/PA Student* |
|--|--|-------------------------------------|--|-----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| | Member | Non-Member | Member | Non-Member | Member | Non-Member | |
| Early Registration Through Feb. 23, 2021 | <input type="checkbox"/> \$895.00 | <input type="checkbox"/> \$1,230.00 | <input type="checkbox"/> \$555.00 | <input type="checkbox"/> \$670.00 | <input type="checkbox"/> \$395.00 | <input type="checkbox"/> \$495.00 | <input type="checkbox"/> \$95.00 |
| Regular After Feb. 23 - April 30, 2021 | <input type="checkbox"/> \$945.00 | <input type="checkbox"/> \$1,290.00 | <input type="checkbox"/> \$615.00 | <input type="checkbox"/> \$730.00 | <input type="checkbox"/> \$430.00 | <input type="checkbox"/> \$530.00 | |



HM21 On Demand | Early-Bird Rate: \$49**

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

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 February 23, 2021

\$ Full refund
(less \$100 administrative fee)
February 24-March 30, 2021

\$ No Refund
after March 30, 2021

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 | | | | |

*Medical Students, NP and PA Students and Residents are required to submit a letter from their institution verifying status to complete registration.
**Price will increase on February 24, 2021.

Please direct any questions, comments or payments to:

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

 meetings@hospitalmedicine.org  800-843-3360  267-535-2911

Call 800-843-3360 to reserve space for registrations mailed or faxed after April 14, 2021