

May 3-7, 2021
shmconverge.org

shm. CONVERGE

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.

Conference Registration May 3 - 7, 2021 (Advanced Learning Courses will be held on May 3, 2021)

	<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	
Early Through Feb. 23, 2021	<input type="checkbox"/> \$599.00	<input type="checkbox"/> \$825.00	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$265.00	<input type="checkbox"/> \$365.00	<input type="checkbox"/> \$399.00	<input type="checkbox"/> \$435.00	<input type="checkbox"/> \$95.00
Regular After Feb. 23, 2021	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$925.00	<input type="checkbox"/> \$435.00	<input type="checkbox"/> \$510.00	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$449.00	<input type="checkbox"/> \$485.00	

On Demand included with registration

Continue the momentum and earn additional CME. Registration includes access to the recordings and the option to download all available session slides in PDF format.

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			
Total Charged \$										Cardholder's Signature			



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

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