

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 (Pre-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	
<b>Early</b> 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
<b>Regular</b> 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](mailto: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.