

November 4-7, 2019 | Nashville, TN

SHM LEADERSHIP ACADEMY REGISTRATION FORM

 800-843-3360

 leadership@hospitalmedicine.org

 267-535-2911

Mail Registration Form and Payment to:

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

PERSONAL INFORMATION

First Name	Last Name	
Preferred Mailing Address*		
City, State/Province, Zip/Postal		
Phone		
Company/Institution		
Email (mandatory)		
Special Needs (e.g. wheelchair access, meal requirement(s), etc.)		
SHM ID# (optional)		
<i>*Please provide the mailing address that is preferred for receiving mailed course materials.</i>		
Demographics:		
<input type="checkbox"/> Medical Director	<input type="checkbox"/> Associate/Assistant Medical Director	<input type="checkbox"/> Hospitalist
<input type="checkbox"/> Administrator/Manager	<input type="checkbox"/> Other (please specify): _____	
Specialty:		

Register online at shmleadershipacademy.org/register

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 leadership@hospitalmedicine.org to ensure there is space available in the preferred course.**

TUITION

	SHM Member	Non- Member
Strategic Essentials	<input type="checkbox"/> \$2,195	<input type="checkbox"/> \$2,595
Influential Management	<input type="checkbox"/> \$2,195	<input type="checkbox"/> \$2,595
Mastering Teamwork	<input type="checkbox"/> \$2,195	<input type="checkbox"/> \$2,595

Not a member of SHM? Join today to receive discounted rate!

Cancellation Policy:

Notice of registration cancellation must be submitted in writing via mail, fax or email.

Cancellations will not be accepted by telephone. The postmark, fax or email date will determine your refund using the following schedule:

- Cancellations prior to September 9, 2019 will receive a full refund less a \$300 administrative fee.
- Cancellations on or after September 9, 2019 are not refundable.

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 leadership@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

Credit Card	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
Cardholder's Name			
Credit Card Number	CVV#		
	Expiration Date		
Total Charged	\$	Cardholder's Signature	