2015 HOSPITAL MEDICINE

MARCH 29 – APRIL 1, 2015

Gaylord National Resort & Convention Center
National Harbor, Maryland

REGISTRATION FORM

Save $100. Register Online by February 2, 2015 at www.hospitalmedicine2015.org.

First Name: _____ Last Name: _____ Suffix (Jr.): _____ Credentials (MD, DO, etc.): _____

First Name (As Displayed on Badge): _____

Member ID (If Applicable): _____ Company: _____

Address: ☐ Home ☐ Work _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Specialty: _____
(Forms with incorrect or missing email will be considered incomplete.)

Group Registration: Contact meetings@hospitalmedicine.org for information regarding how to receive a discount of 10 percent on groups of 10 or more.

☐ **Hotel Special:** Save $100 on your registration fee by booking your hotel reservation at the official headquarters hotel for Hospital Medicine 2015 by February 23, 2015 at 11:59 p.m. EST. *Students and residents are eligible to receive a $50 discount.* Questions? Please contact meetings@hospitalmedicine.org.

Payment Options *(payment in full is required):*

☐ Check enclosed (Payable to Society of Hospital Medicine. Please remit in U.S. funds drawn on a U.S. bank.)

Credit Card: ☐ Visa ☐ MasterCard ☐ American Express
Charge from Society of Hospital Medicine will appear on your card.

Card Holder's Name: _____ Credit Card Number: _____

Exp. Date: _____ CVV (Card Security): _____ Card Holder's Signature: _____

Mail registration form and payment to:
PO Box 822898, Dept. 200, Philadelphia, PA 19182-2898

Fax registration form to:
267-535-2911

Call 800-843-3360 to reserve space for registrations mailed or faxed after March 2, 2015.

For additional information:
Call 800-843-3360 or email: meetings@hospitalmedicine.org.

Special Needs:
To ensure SHM's ability to best serve you, attach a written description of your needs. Please forward this information no later than March 2, 2015 so that SHM may accommodate your request.

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REGISTRATION FORM

A. Pre-Courses
Sunday, March 29, 2015 (choose only one)

		Early Registration Online (through February 2, 2015)	Early Registration Phone/Mail/Fax (through February 2, 2015)	Regular Registration Online/Phone/Mail/Fax (February 3 – March 28, 2015)
☐ ABIM – MOC ☐ Building a QI Toolbox ☐ Communication ☐ Perioperative ☐ Practice Management	☐ SHM Member:	$495	$545	$595
	☐ Non-Member:	$695	$745	$795
	☐ +Resident/Fellow:	$130	$180	$205
	☐ PA/NP/PharmD:	$395	$445	$495
	☐ *Associate Member:	$645	$695	$745
Procedural Skills *Please select either the morning or afternoon session:* ☐ Half-Day - Morning ☐ Half-Day - Afternoon	☐ SHM Member:	$695	$745	$795
	☐ Non-Member:	$895	$945	$995
	☐ PA/NP/PharmD:	$695	$745	$795
	☐ *Associate Member:	$845	$895	$945
Ultrasound *Please select either the morning or afternoon session:* ☐ Half-Day - Morning ☐ Half-Day - Afternoon	☐ SHM Member:	$695	$745	$795
	☐ Non-Member:	$895	$945	$995
	☐ PA/NP/PharmD:	$695	$745	$795
	☐ *Associate Member:	$845	$895	$945
Academic Hospital Medicine Leadership Summit	☐ SHM Member:	$150	$150	$150
	☐ Non-Member:	$150	$150	$150
	☐ PA/NP/PharmD:	$150	$150	$150
	☐ *Associate Member:	$150	$150	$150

B. Annual Meeting
Monday, March 30 – Wednesday, April 1, 2015

		Early Registration Online (through February 2, 2015)	Early Registration Phone/Mail/Fax (through February 2, 2015)	Regular Registration Online/Phone/Mail/Fax (February 3 – March 28, 2015)
	☐ SHM Member:	$745	$795	$845
	☐ Non-Member:	$1,060	$1,110	$1,160
Requires written verification of resident/fellow standing.	☐ +Resident/Fellow Member:	$295	$345	$370
Requires written verification of resident/fellow standing.	☐ +Resident/Fellow Non-Member:	$395	$445	$470
Requires written verification of student standing.	☐ +Medical Student:	$95	$95	$95
	☐ PA/NP/PharmD Member:	$395	$445	$495
	☐ PA/NP/PharmD Non-Member:	$560	$610	$660
	☐ *Associate Member:	$895	$945	$995

***New Non-Members:** Registration includes a complimentary one-year SHM membership. ☐ Please check to decline.*

C. Hospitalists on the Hill
Wednesday, April 1, 2015

There is no fee associated with this event.

☐ **Hospitalists on the Hill: Wednesday, April 1, 2015**

Full-Day Session, Schedule TBD

Join fellow hospitalists on Capitol Hill as they advocate on behalf of hospital medicine with Congressional offices. By attending, you will influence important policy decisions, develop relationships with policymakers and become more comfortable with health policy. No prior experience necessary.

Visit www.hospitalmedicine2015.org/onthehill for more information.

CANCELLATIONS/REFUND POLICY/DISCLAIMER: Notice of registration cancellation for Hospital Medicine 2015 and/or Pre-Courses must be made 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:

Full Refund (less $50 administrative fee).....Prior to February 3, 2015
Full Refund (less $100 administrative fee).....Between February 3 – March 4, 2015
No Refund.....After March 4, 2015

Questions? Please contact meetings@hospitalmedicine.org.

Pre-Course Total $ _____

Annual Meeting Total $ _____

Group Registration Discount (less 10 percent) $ _____

**Associate fees are for members of AAP/ACCN/ACCP/ACP/APA/ASHP/AANP/AAPA.*
+Medical Students and Residents are required to submit a letter from institution verifying status to complete registration.

Total Amount Due $ _____