



Registration Form

Save \$50. Register Online by January 11, 2016 at www.hospitalmedicine2016.org.

First Name: _____ Last Name: _____ Suffix (Jr., etc.): _____ 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 \$50.00 on your annual meeting registration fee by booking your hotel reservation at the HM16 Hotel Block at the Hilton San Diego Bayfront before the block is sold out or by February 5, 2016 at 11:59 pm EST. Students and Residents are eligible to receive a \$25.00 discount. See www.hospitalmedicine2016.org/hotel for details, rules and restrictions.

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 February 4, 2016 so that SHM may accommodate your request.

Forms returned without indicated course selections will be considered incomplete



Registration Form

Pre-Courses | Sunday, March 6, 2016 (Choose Only One)

Early Registration
Phone/Mail/Fax
(through January 11, 2016)

Regular Registration
Phone/Mail/Fax
(January 12-March 5, 2016)

<input type="checkbox"/> ABIM – MOC	<input type="checkbox"/> SHM Member:	\$545	\$595
<input type="checkbox"/> Perioperative	<input type="checkbox"/> Non-Member:	\$745	\$795
<input type="checkbox"/> Practice Management	<input type="checkbox"/> Resident/Fellow:	\$180	\$205
	<input type="checkbox"/> PA/NP/PharmD:	\$445	\$495
	<input type="checkbox"/> *Associate Member:	\$695	\$745
	<input type="checkbox"/> SHM Member:	\$745	\$795
	<input type="checkbox"/> Non-Member:	\$945	\$995
<input type="checkbox"/> Critical Care <i>Simulation Sessions Included</i>	<input type="checkbox"/> Resident/Fellow:	\$250	\$300
	<input type="checkbox"/> PA/NP/PharmD:	\$745	\$795
	<input type="checkbox"/> *Associate Member:	\$895	\$945
Procedural Skills <i>Please select either the morning or afternoon session:</i>	<input type="checkbox"/> SHM Member:	\$745	\$795
<input type="checkbox"/> Half-Day - Morning	<input type="checkbox"/> Non-Member:	\$945	\$995
<input type="checkbox"/> Half-Day - Afternoon	<input type="checkbox"/> PA/NP/PharmD:	\$745	\$795
	<input type="checkbox"/> *Associate Member:	\$895	\$945
Ultrasound <i>Please select either the morning or afternoon session:</i>	<input type="checkbox"/> SHM Member:	\$745	\$795
<input type="checkbox"/> Half-Day - Morning	<input type="checkbox"/> Non-Member:	\$945	\$995
<input type="checkbox"/> Half-Day - Afternoon	<input type="checkbox"/> PA/NP/PharmD:	\$745	\$795
	<input type="checkbox"/> *Associate Member:	\$895	\$945
<input type="checkbox"/> Academic Hospital Medicine Leadership Summit	<input type="checkbox"/> SHM Member:	\$150	\$150
	<input type="checkbox"/> Non-Member:	\$150	\$150
	<input type="checkbox"/> PA/NP/PharmD:	\$150	\$150
	<input type="checkbox"/> *Associate Member:	\$150	\$150

Save \$50 by Registering Online at www.hospitalmedicine2016.org.

Pre-Course Total \$ _____

Annual Meeting | Monday, March 7 – Wednesday, March 9, 2016

Early Registration
Phone/Mail/Fax
(through January 11, 2016)

Regular Registration
Phone/Mail/Fax
(January 12-March 5, 2016)

<input type="checkbox"/> SHM Member:	\$795	\$845
<input type="checkbox"/> Non-Member:	\$1,120	\$1,170
<i>Requires written verification of resident/fellow standing.</i> <input type="checkbox"/> +Resident/Fellow Member:	\$345	\$370
<i>Requires written verification of resident/fellow standing.</i> <input type="checkbox"/> +Resident/Fellow Non-Member:	\$445	\$470
<i>Requires written verification of student standing.</i> <input type="checkbox"/> +Medical Student:	\$95	\$95
<input type="checkbox"/> PA / NP / PharmD Member:	\$445	\$505
<input type="checkbox"/> PA / NP / PharmD Non-Member:	\$620	\$670
<input type="checkbox"/> *Associate Member:	\$945	\$1,005

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

CANCELLATIONS/REFUND POLICY/DISCLAIMER: Notice of registration cancellation for Hospital Medicine 2016 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 January 11, 2016

Full Refund (less \$100 administrative fee).....Between January 11, 2016 – February 8, 2016

No Refund.....After February 8, 2016

Questions? Please contact meetings@hospitalmedicine.org.

Annual Meeting Total \$ _____
Group Registration Discount (less 10 percent)** \$ _____
Total Amount Due \$ _____

*Associate fees are for members of AAP/ACCN/ACCP/ACP/APA/ASHP/AANP/AAPA.

** One discount per attendee; you cannot combine the group discount with the HM15 attendee discount.

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