

# HOSPITAL MEDICINE 2018

APRIL 8 - 11, 2018 | ORLANDO, FL | ORLANDO WORLD CENTER MARRIOTT

## REGISTRATION FORM



### 1 PERSONAL INFORMATION

Name	FIRST	LAST	Credentials (MD, DO, etc.)
First Name	As Displayed on Badge		Suffix (Jr., etc.)
Address	STREET ( <input type="checkbox"/> Work <input type="checkbox"/> Home )		
	CITY	STATE	ZIP
Phone	PRIMARY	FAX	
Email	Forms received with blank or incorrect email address will be considered incomplete.		
Member ID # (if applicable)		Company	
Special Requests	e.g., wheelchair access, meal requirement	Specialty Field	

### 2 PAYMENT

Check Enclosed (payable to Society of Hospital Medicine). Please remit in U.S. Funds drawn on U.S. bank.

OR

Credit Card



Cardholder's Name

Credit Card Number

Expiration Date

M M Y Y

CVV#  
Card Security

Cardholder's  
Signature

Total Charged \$

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**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 19, 2018.

**Email registration form to:** Meetings@hospitalmedicine.org

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

**Special Requests:** To ensure SHM's ability to best serve you, attach a written description of your needs. Please forward this information no later than March 19, 2018 so that SHM may accommodate your request.

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

# HM18 Registration Form | Save \$50 by Registering Online

Pre-Course Sunday, April 8, 2018	Early Registration Phone/Mail/Fax (through January 30, 2018)	Regular Registration Phone/Mail/Fax (January 31- April 5, 2018)
<input type="checkbox"/> <b>ABIM-MOC</b> 8:00 a.m. - 4:00 p.m.	<b>SHM Member:</b> \$545	<b>SHM Member:</b> \$595
<input type="checkbox"/> <b>Cardiology Update</b> 8:10 a.m. - 4:50 p.m.	<b>Non-Member:</b> \$745	<b>Non-Member:</b> \$795
<input type="checkbox"/> <b>Perioperative &amp; Co-Management Medicine</b> 8:00 a.m. - 5:00 p.m.	<b>Resident/Fellow:</b> \$180	<b>Resident/Fellow:</b> \$205
<input type="checkbox"/> <b>Practice Management</b> 8:00 a.m. - 5:00 p.m.	<b>PA/NP/PharmD:</b> \$445	<b>NP/PA/PharmD:</b> \$495
<input type="checkbox"/> <b>Sepsis</b> 8:15 a.m. - 4:45 p.m.		
<b>Procedural Skills</b>	<b>SHM Member:</b> \$745	<b>SHM Member:</b> \$795
<input type="checkbox"/> Half-Day Morning   7:30 a.m. - 12:00 p.m.	<b>Non-Member:</b> \$945	<b>Non-Member:</b> \$995
<input type="checkbox"/> Half-Day Afternoon   1:00 p.m. - 5:30 p.m.	<b>PA/NP/PharmD:</b> \$745	<b>PA/NP/PharmD:</b> \$795
<b>Ultrasound</b>	<b>SHM Member:</b> \$745	<b>SHM Member:</b> \$795
<input type="checkbox"/> Half-Day Morning   7:30 a.m. - 12:30 p.m.	<b>Non-Member:</b> \$945	<b>Non-Member:</b> \$995
<input type="checkbox"/> Half-Day Afternoon   1:00 p.m. - 6:00 p.m.	<b>PA/NP/PharmD:</b> \$745	<b>PA/NP/PharmD:</b> \$795
<input type="checkbox"/> <b>Academic Hospital Medicine Leadership Summit</b>	<b>SHM Member:</b> \$150	<b>SHM Member:</b> \$150
	<b>Non-Member:</b> \$150	<b>Non-Member:</b> \$150
	<b>PA/NP/PharmD:</b> \$150	<b>PA/NP/PharmD:</b> \$150
	<b>*Associate Member:</b> \$150	<b>PA/NP/PharmD:</b> \$150

Annual Meeting (Monday, April 9 – Wednesday, 11, 2018)	Early Registration Phone/Mail/Fax (through January 30, 2018)	Regular Registration Phone/Mail/Fax (January 31- April 5, 2018)
<input type="checkbox"/> Member Physician:	\$845	\$899
<input type="checkbox"/> Non-Member Physician:	\$1,180	\$1,240
<input type="checkbox"/> Resident*/Fellow Member:	\$345	\$380
<input type="checkbox"/> Resident*/Fellow Non-Member:	\$445	\$480
<input type="checkbox"/> Member Affiliate:	\$845	\$899
<input type="checkbox"/> Non-Member Affiliate:	\$1,180	\$1,240
<input type="checkbox"/> Medical/NP/PA Student*:	\$95	\$95
<input type="checkbox"/> PA/NP/PharmD/RN Member:	\$505	\$565
<input type="checkbox"/> PA/NP/PharmD/RN Non-Member:	\$620	\$680
<input type="checkbox"/> Practice Administrator Member:	\$505	\$565
<input type="checkbox"/> Practice Administrator Non-Member:	\$620	\$680
<input type="checkbox"/> HM18 On Demand*	\$35	\$50

\*Take advantage of this upgrade and receive heavily discounted access to online audio and slide recordings from the hottest tracks.

New Non-Members: Registration includes a complimentary one-year SHM membership.  [Please check to decline.](#)

A complimentary membership is bundled into main meeting registration for attendees that have never been an SHM member in the past.

## CANCELLATIONS/REFUND POLICY/DISCLAIMER:

Notice of registration cancellation for Hospital Medicine 2018 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 30, 2018  
 Full Refund (less \$100 administrative fee).....Between January 30, 2018 - March 6, 2018  
 No Refund .....After March 6, 2018

Total Amount Due \$ \_\_\_\_\_

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Questions? Please contact [meetings@hospitalmedicine.org](mailto:meetings@hospitalmedicine.org) / [shmanualconference.org](http://shmanualconference.org)