

LEADERSHIP ACADEMY

April 12-15, 2021 | Scottsdale, AZ



REGISTRATION FORM

Personal Information

First Name	Last Name	Credentials (MD, DO, etc.)
Preferred Mailing Address*		
City, State/Providence, Zip/Postal		
Phone	Company/Institution	
Email (mandatory)	SHM ID #	
Special Requests (e.g., wheelchair access, meal requirement)		

PLEASE NOTE: Registration forms that do not include an **email address** will not be processed.

Demographics

- Medical Director Associate/Assistant Medical Director Hospitalist
 Administrator/Manager Other (please specify): _____

Specialty _____

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.

Registration Rates Register online at shmleadershipacademy.org/register

	SHM Member	Non-Member
Strategic Essentials	<input type="checkbox"/> \$2,195.00	<input type="checkbox"/> \$2,595.00
Influential Management	<input type="checkbox"/> \$2,195.00	<input type="checkbox"/> \$2,595.00
Mastering Teamwork	<input type="checkbox"/> \$2,195.00	<input type="checkbox"/> \$2,595.00

Not a Member? Join today to receive a discounted rate!

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 \$300 administrative fee)
Prior to February 15, 2021

\$ No Refund
after February 15, 2021

Group 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

Charge to the following:   

Cardholders Name										CVV#			
Credit Card Number										Expiration Date			
										M	M	Y	Y
Total Charged		\$							00	Cardholders Signature			

Please direct any questions, comments or payments to:

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

 leadership@hospitalmedicine.org

 800-843-3360

 267-535-2911