

PEDIATRIC HOSPITAL MEDICINE

**PHM**

**2020**

**JULY 23-26, 2020**

**LAKE BUENA VISTA, FL**

## REGISTRATION FORM

### Personal Information

First Name	Last Name	Credentials (MD, DO, etc.)
Address		
City, State/Province, Zip/Postal		
Phone	Company/Institution	
Email (mandatory)		
SHM ID #	AAP ID #	APA ID #
Special Requets (e.g., wheelchair access, meal requirement)		

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

## Registration Rates

	Members & Non-Members				
	SHM, AAP, or APA Member	Non-Member	PA/NP/PharmaD/RN/ Allied Health Professional/ Prac. Admins	Resident/Fellow*	Med, NP/PA Students*
<b>Early</b> On/Before June 25, 2020	<input type="checkbox"/> \$840.00	<input type="checkbox"/> \$1,105.00	<input type="checkbox"/> \$755.00	<input type="checkbox"/> \$420.00	<input type="checkbox"/> \$200.00
<b>Regular</b> On/After June 26, 2020	<input type="checkbox"/> \$990.00	<input type="checkbox"/> \$1,255.00	<input type="checkbox"/> \$905.00	<input type="checkbox"/> \$495.00	<input type="checkbox"/> \$200.00

\*Medical, NP/PA Students and Resident/Fellows are required to submit a letter from their institution verifying status to meetings@hospitalmedicine.org to complete their registration at the listed rate.

Not a member of SHM? **Join today to receive 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 \$50 administrative fee)  
Prior to June 4, 2020

**\$ Full refund**  
(less \$100 administrative fee)  
June 5–June 26, 2020

**\$ No Refund**  
after June 27, 2020

## 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:      

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

## Please direct any questions, comments or payments to:

 Society of Hospital Medicine, Meetings  
P.O. Box 822898, Dept. 200  
Philadelphia, PA 19182-2898

 meetings@hospitalmedicine.org

 800-843-3360

 267-535-2911