2017 PEDIATRIC HOSPITAL MEDICINE

July 20-23, 2017 | Nashville, Tennessee

REGISTRATION FORM

Register Online at www.peds2017.org/register

For Additional Information
Phone: 800-843-3360 E-mail: meetings@hospitalmedicine.org

Mail Registration Form and Payment: Society of Hospital Medicine, P.O. Box 822898, Dept. 303, Philadelphia, PA 19182-2898

Fax Registration Form to: 267-535-2911

Call 800-843-3360 to reserve space for registrations mailed or faxed after June 28, 2017.

1 PERSONAL INFORMATION

NAME: FIRST | LAST | Credentials (MD, DO)

ADDRESS: STREET

CITY | STATE | ZIP

PHONE: PRIMARY | SECONDARY

EMAIL: Forms received with blank or incorrect email address will be considered incomplete.

ID # (SHM, AAP and/or APA): SHM | AAP | APA

SPECIAL NEEDS: e.g., wheelchair access, meal requirement

2 REGISTRATION RATES

	SHM, AAP, or APA Member	Non-Member	PA/NP/PharmD/RN	Resident/Fellow*
Early Registration *(On or Before June 7, 2017)*	☐ $750	☐ $925	☐ $500	☐ $300
Regular Registration *(On or After June 8, 2017)*	☐ $900	☐ $1,075	☐ $550	☐ $350

Please contact the SHM meetings team for medical student registration fees.

CANCELLATION POLICY

Cancellation must be submitted in writing. The postmark, fax or email date will determine your refund using the following schedule:

Full Refund (less $50 administrative fee)
Prior to June 7, 2017

Full Refund (less $100 administrative fee)
June 8 – June 28, 2017

No Refund
After June 28, 2017

3 PAYMENT

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

OR

Credit Card ☐ VISA ☐ MasterCard ☐ American Express

Cardholder's Name

Credit Card Number | Expiration Date M M / Y Y

Total Charged $, . 0 0 | Cardholder's Signature

**Proof of Residency/Fellowship required.*