



2017 ACADEMIC HOSPITALIST ACADEMY

September 25 - 28, 2017 • Lakeway Resort and Spa • Austin, Texas

Brought to you by:



REGISTRATION FORM

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email (mandatory): _____

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

Tuition:

Early registration ends July 18, 2017: \$1,995

Before September 5, 2017: \$2,295

After September 5, 2017: \$2,500

Payments:

Check:

Mail registration form and payment to: P.O. Box 822898, DPT 200, Philadelphia PA, 19182-2898

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

Credit Card Information:

Cardholder's Name: _____

Credit Card Number: _____ Expiration Date: _____ CVV: _____

Total Charged: _____ Cardholder's Signature: _____

Call 800-843-3360 to reserve space for registrations mailed/faxed after August 29, 2017.

To Register:

✉ P.O. Box 822898 • Philadelphia, PA 19182-2898 ☎ 267-535-2911 ☎ 800-843-3360

💻 www.academichospitalist.org 📧 Meetings@hospitalmedicine.org

To Make Hotel Reservations:

Go to www.hospitalmedicine.org/ahahotel or call 800-832-9053 and reference the Academic Hospitalist Academy.

Registrants will receive an email confirmation within two weeks of receipt of registration application.

Cancellations prior to August 29, 2017 will receive full refund less \$300 administration fee.

Cancellations on/after August 29, 2017 will not be refundable.