

PERSONAL INFORMATION

First Name	Last Name
Preferred Mailing Address*	
City, State/Providence, Zip/Postal	
Phone	Email (mandatory)
Company/Institution	

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

DEMOGRAPHICS

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

SPECIALTY:

TUITION

LEVEL 1 LEVEL 2

Early registration ends July 2, 2019:	\$2,095	\$1,495
Before August 13, 2019:	\$2,395	\$1,495
After August 13, 2019:	\$2,500	\$1,495

Registrants will receive an email confirmation within two weeks of receipt of registration application. Cancellations prior to August 13, 2019 will receive full refund less \$300 administration fee. Cancellations on/after August 13, 2019 will not be refundable.

Call 800-843-3360 to reserve space for registrations mailed/faxed after August 13, 2019.



TO REGISTER

- 🏠 P.O. Box 822898 / Philadelphia, PA 19182-2898
 📞 800-843-3360 📠 267-535-2911
 🌐 academichospitalist.org ✉ meetings@hospitalmedicine.org

HOTEL RESERVATIONS

Go to www.hospitalmedicine.org/ahahotel or call the Hilton Inverness at 303-799-5800 and reference the Academic Hospitalist Academy.

PAYMENT

- Check Enclosed** (payable to the Society of Hospital Medicine)
 OR
 
 
 

Please remit in U.S. funds drawn on a U.S. bank.

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