

AHA | 2020

ENGLEWOOD, CO | OCTOBER 5-8

Academic Hospitalist Academy

Level 1

Early-career academic hospitalists

Level 2

Mid-career academic hospitalists

Hilton Denver Inverness

REGISTRATION FORM

Personal Information

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

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

Demographics

Hospitalist

Associate/Assistant Medical Director

Medical Director

Administrator/Manager

Other (please specify): _____

Registration Rates

Register online at academichospitalist.org

	LEVEL 1	LEVEL 2
Early registration ends July 28, 2020	<input type="checkbox"/> \$2,095	<input type="checkbox"/> \$1,595
Before Sept. 8, 2020	<input type="checkbox"/> \$2,395	<input type="checkbox"/> \$1,695
After Sept. 8, 2020	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$1,795

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 September 8, 2020

\$ No Refund
After September 8, 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	\$											Cardholder's Signature				



Hotel Reservations

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

Please direct any questions, comments or payments to:

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

 meetings@hospitalmedicine.org

 800-843-3360  267-535-2911

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 meetings@hospitalmedicine.org to ensure there is space available in the preferred course.**