



# shm. CONVERGE



APRIL

12-15 | 2024



SAN DIEGO,  
CALIFORNIA



## REGISTRATION FORM

### Personal Information

First Name		Last Name		Credentials (MD, DO, etc.)
Preferred Name		Suffix (Jr., etc.)	Specialty	
Street Address <input type="checkbox"/> Work <input type="checkbox"/> Home				
City, State/Province, Zip/Postal Code				
Phone		Company/Institution		
Email (Required)			SHM ID # (If Applicable)	

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

### Not a member of SHM?

Join today to save on SHM Converge and access SHM's suite of member benefits. Visit: [hospitalmedicine.org/join](https://hospitalmedicine.org/join)

## Main Conference April 13-15, 2024

	Physician Affiliate		PA/NP/PharmD/RN Allied Health Professional Practice Administrator		Resident/Fellow*		International		Med, NP/PA Student*
	Member	Non-Member	Member	Non-Member	Member	Non-Member	Member	Non-Member	
<i>Early Registration through Jan. 31, 2024</i>									
<b>Main Meeting</b>	\$890.00	\$1,250.00	\$635.00	\$840.00	\$470.00	\$570.00	\$595.00	\$690.00	\$99.00
<b>Main Meeting + On Demand</b>	\$1,140.00	\$1,675.00	\$885.00	\$1,265.00	\$720.00	\$995.00	\$845.00	\$1,115.00	-
<i>Registration Rate beginning Feb. 1, 2024</i>									
<b>Main Meeting</b>	\$1,090.00	\$1,450.00	\$835.00	\$1,040.00	\$670.00	\$770.00	\$795.00	\$890.00	\$99.00
<b>Main Meeting + On Demand</b>	\$1,315.00	\$1,850.00	\$1,060.00	\$1,440.00	\$895.00	\$1,170.00	\$1,020.00	\$1,290.00	-

Registration rates will increase on-site.

## Payment

- Check enclosed (payable to Society of Hospital Medicine). Please remit in U.S. Funds drawn on U.S. bank.
- For your security, credit card payments can be made at the on-site Payment & Edits registration desks, **online** or by phone, **800-843-3360**.

## Meeting Policies

By submitting the SHM Converge registration form, attendees consent to the following policies:

### Privacy Policy

SHM is committed to protecting the privacy of its members and customers. Our full privacy policy can be viewed at [hospitalmedicine.org/pages/site-policies/privacy-policy/](https://hospitalmedicine.org/pages/site-policies/privacy-policy/)

### Cancellation Policy

Cancellations must be submitted in writing via fax or email. SHM Converge registration is not eligible for deferral. The postmark, fax, or email date will determine your refund using the following schedule:

**\$ Full Refund**  
(less \$50 administrative fee)  
Prior to January 31, 2024

**\$ Full Refund**  
(less \$100 administrative fee)  
January 31 – March 12, 2024

**\$ No Refund**  
After March 12, 2024

I consent to sharing my physical address with SHM Converge 2024 partners for a one-time pre- and post-show communication.  Opt Out

I consent to sharing my email address with SHM Converge 2024 partners for a one-time pre- and post-show communication.  Opt Out

## Please mail registrations with check payments to:

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

 [meetings@hospitalmedicine.org](mailto:meetings@hospitalmedicine.org)

 800-843-3360  267-535-2911



\*Medical Students, NP and PA Students, and Residents are required to submit a letter from their institution verifying status to complete registration.

The Society of Hospital Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing education for physicians.