

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

Main Conference April 13-15, 2024

| <input type="checkbox"/> Physician <input type="checkbox"/> Affiliate | | <input type="checkbox"/> PA/NP/PharmD/RN <input type="checkbox"/> Allied Health Professional <input type="checkbox"/> Practice Administrator | | Resident/Fellow* | | International | | Med, NP/PA Student* | |
|--|------------|--|------------|------------------|------------|---------------|------------|---------------------|------------|
| Member | Non-Member | Member | Non-Member | Member | Non-Member | Member | Non-Member | Member | Non-Member |

Early Registration through Jan. 31, 2024

| | | | | | | | | | |
|---------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|----------------------------------|
| Main Meeting | <input type="checkbox"/> \$890.00 | <input type="checkbox"/> \$1,250.00 | <input type="checkbox"/> \$635.00 | <input type="checkbox"/> \$840.00 | <input type="checkbox"/> \$470.00 | <input type="checkbox"/> \$570.00 | <input type="checkbox"/> \$595.00 | <input type="checkbox"/> \$690.00 | <input type="checkbox"/> \$99.00 |
| Main Meeting + On Demand | <input type="checkbox"/> \$1,140.00 | <input type="checkbox"/> \$1,675.00 | <input type="checkbox"/> \$885.00 | <input type="checkbox"/> \$1,265.00 | <input type="checkbox"/> \$720.00 | <input type="checkbox"/> \$995.00 | <input type="checkbox"/> \$845.00 | <input type="checkbox"/> \$1,115.00 | - |

Registration Rate beginning Feb. 1, 2024

| | | | | | | | | | |
|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------------------------------|
| Main Meeting | <input type="checkbox"/> \$1,090.00 | <input type="checkbox"/> \$1,450.00 | <input type="checkbox"/> \$835.00 | <input type="checkbox"/> \$1,040.00 | <input type="checkbox"/> \$670.00 | <input type="checkbox"/> \$770.00 | <input type="checkbox"/> \$795.00 | <input type="checkbox"/> \$890.00 | <input type="checkbox"/> \$99.00 |
| Main Meeting + On Demand | <input type="checkbox"/> \$1,315.00 | <input type="checkbox"/> \$1,850.00 | <input type="checkbox"/> \$1,060.00 | <input type="checkbox"/> \$1,440.00 | <input type="checkbox"/> \$895.00 | <input type="checkbox"/> \$1,170.00 | <input type="checkbox"/> \$1,020.00 | <input type="checkbox"/> \$1,290.00 | - |

Registration rates will increase on-site.

Advanced Learning Courses (formerly pre-courses) → April 12, 2024

**Early
Registration**

Ends
Jan. 31, 2024

Regular

Through
April 11, 2024

| | | | |
|--|-----------------|-----------------------------------|------------------------------------|
| Beyond the Bedside: Transforming Hospitalist Careers <input type="checkbox"/> 1:00 – 5:00 p.m. | SHM Member | <input type="checkbox"/> \$450.00 | <input type="checkbox"/> \$650.00 |
| | SHM Non-Member | <input type="checkbox"/> \$650.00 | <input type="checkbox"/> \$850.00 |
| Perioperative Essentials for the Hospitalist <input type="checkbox"/> 1:00 – 5:00 p.m. | Resident/Fellow | <input type="checkbox"/> \$125.00 | <input type="checkbox"/> \$325.00 |
| | PA/NP/PharmD/RN | <input type="checkbox"/> \$350.00 | <input type="checkbox"/> \$550.00 |
| Point-of-care Ultrasound for the Hospitalist <input type="checkbox"/> 7:30 a.m. – 12:00 p.m. <input type="checkbox"/> 1:00 – 6:00 p.m. | SHM Member | <input type="checkbox"/> \$745.00 | <input type="checkbox"/> \$945.00 |
| | SHM Non-Member | <input type="checkbox"/> \$945.00 | <input type="checkbox"/> \$1145.00 |
| | PA/NP/PharmD/RN | <input type="checkbox"/> \$745.00 | <input type="checkbox"/> \$945.00 |
| Academic Hospital Medicine Leadership Summit <input type="checkbox"/> 1:00 – 5:00 p.m. | SHM Member | <input type="checkbox"/> \$150.00 | <input type="checkbox"/> \$150.00 |
| | SHM Non-Member | <input type="checkbox"/> \$199.00 | <input type="checkbox"/> \$199.00 |

Payment

\$ _____ (Rate Selected Above) + \$10* (Service Charge) = \$ _____ Total Amount Due

- 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 **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/

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

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

 800-843-3360  267-535-2911

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

* We are committed to delivering the top-quality services and products our members have come to expect and also committed to being transparent when assessing respective fees. SHM is not immune to the increasing costs of technology, personnel, and other external fees that are beyond our control. To offset some of these increasing costs, the items you have purchased now come with a small \$10 service charge. Thank you for your support.

* 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.