

PEDIATRIC HOSPITAL MEDICINE

PHM20 Virtual

JULY
20-24,
2020

REGISTRATION FORM

Personal Information

First Name	Last Name	Credentials (MD, DO, etc.)
Address		
City, State/Province, Zip/Postal		
Phone	Company/Institution	
Email (mandatory)		
SHM ID #	AAP ID #	APA ID #
Special Requests (e.g., wheelchair access, meal requirement)		

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

Registration Rates

All registration rates include access to PHM20 Virtual Week as well as additional CME eligible On-Demand sessions that will be available shortly following the conclusion of all simulative content.

	Members & Non-Members			
	SHM, AAP, or APA Member	Non-Member	Resident/Fellow*	Med, NP/PA Students*
Regular On/After June 18, 2020	<input type="checkbox"/> \$199.00	<input type="checkbox"/> \$499.00	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$75.00

*Medical, NP/PA Students and Resident/Fellows are required to submit a letter from their institution verifying status to meetings@hospitalmedicine.org to complete their registration at the listed rate.

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				
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Total Charged		\$										00	Cardholder's Signature			

Please direct any questions, comments or payments to:

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

meetings@hospitalmedicine.org

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267-535-2911