

JOIN US NEXT YEAR!  
Scottsdale, AZ at the JW Marriott Camelback Inn  
October 23-26, 2023

# LEADERSHIP ACADEMY

## 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)	SHM ID #	
Special Requests (e.g., wheelchair access, meal requirement)		

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

### Demographics

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

Specialty \_\_\_\_\_

### Registration Rates

Register at [shmleadershipacademy.org/register](http://shmleadershipacademy.org/register)



	SHM Member	Non-Member
<b>Strategic Essentials</b>	<input type="checkbox"/> \$2,295. <sup>00</sup> \$2,065. <sup>50</sup>	<input type="checkbox"/> \$2,695. <sup>00</sup> \$2,425. <sup>50</sup>
<b>Influential Management</b>	<input type="checkbox"/> \$2,295. <sup>00</sup> \$2,065. <sup>50</sup>	<input type="checkbox"/> \$2,695. <sup>00</sup> \$2,425. <sup>50</sup>
<b>Mastering Teamwork</b>	<input type="checkbox"/> \$2,295. <sup>00</sup> \$2,065. <sup>50</sup>	<input type="checkbox"/> \$2,695. <sup>00</sup> \$2,425. <sup>50</sup>

Not a member? Join today to receive a discounted rate!

### 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 August 28, 2023
- \$ No Refund**  
After August 28, 2023

### Group Discounts

- 5% discount per person for groups of 3 - 5 registrants
- Groups of 6 or more are eligible for a 10% discount per person. A letter of agreement between SHM and the institution is required. Please contact [leadership@hospitalmedicine.org](mailto:leadership@hospitalmedicine.org) for more information.

### 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 **online** or by phone, **800-843-3360**.

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 [leadership@hospitalmedicine.org](mailto:leadership@hospitalmedicine.org) to ensure there is space available in the preferred course.

### Please direct any questions, comments, and payments to:

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

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

800-843-3360

267-535-2911

