

# AHA | 2021

ENGLEWOOD, CO | SEPTEMBER 27-30

## Academic Hospitalist Academy

### Level 1

Early-career academic hospitalists

### Level 2

Mid-career academic hospitalists

## 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](http://academichospitalist.org)

|                                       | LEVEL 1                          | LEVEL 2                          |
|---------------------------------------|----------------------------------|----------------------------------|
| Early registration ends July 20, 2021 | <input type="checkbox"/> \$2,095 | <input type="checkbox"/> \$1,595 |
| On/Before August 31, 2021             | <input type="checkbox"/> \$2,395 | <input type="checkbox"/> \$1,695 |
| After August 31, 2021                 | <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 August 30, 2021

**\$ No Refund**  
After August 31, 2021

## 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      | \$ |  |  |  |  |  |  | 00 | Cardholder's Signature |      |  |                 |  |   |   |   |   |

## Hotel Reservations

Go to [hospitalmedicine.org/ahahotel](http://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](mailto: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](mailto:meetings@hospitalmedicine.org) to ensure there is space available in the preferred course.**