

AHA 2021

VIRTUAL LEVEL 2 | NOVEMBER 17-19
Academic Hospitalist 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)	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

Early registration ends October 27, 2021 \$450 After October 27, 2021 \$750

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 \$50 administrative fee)
Prior to October 27, 2021

\$ Full refund
(less \$100 administrative fee)
After October 27, 2021

Payment

Check Enclosed (payable to Society of Hospital Medicine). Please remit in U.S. Funds drawn on U.S. bank.

OR

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.



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



800-843-3360



267-535-2911