

SHM LEADERSHIP ACADEMY

REGISTRATION FORM

To qualify for the 5% discount per person for a group of 3 – 5 registrants, everyone in the group must be registered at the same time. Please include all individuals of the group using the provided space below. **Group registration discounts cannot be applied retroactively.**

PERSONAL INFORMATION

First Name	Last Name
Preferred Mailing Address*	
City, State/Providence, Zip/Postal	
Phone	
Company/Institution	
Email (mandatory)	
Special Needs (e.g. wheelchair access, meal requirement(s), etc.)	
SHM ID# (optional)	
Course Selection: <input type="checkbox"/> Strategic Essentials <input type="checkbox"/> Influential Management <input type="checkbox"/> Mastering Teamwork	

**Please provide the mailing address that is preferred for receiving mailed course materials.*

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Questions? Email leadership@hospitalmedicine.org for more information.