



Council of Medical Specialty Societies

2019 Registry Summit and Spring Meeting
Registration Form

Attendee/Badge Information

Form fields for personal information: First Name, Middle Initial, Last Name, Credentials, Organization, Job Title, Address, City, State, Zip, Email, Phone, Assistant's Name, Assistant's Email.

I WISH TO REGISTER FOR:

Early - Through 4/4 Regular Rate - Beginning 4/5

- Registration options with prices: Registry Summit - Member (\$550/\$600), Registry Summit - Nonmember (\$650/\$700), Spring Meeting - Member (\$525/\$575), Spring Meeting - OPDA only (\$275/\$300), Spring Meeting - Invited Guest (\$525/\$575), Registry Summit & Spring Meeting - Member (\$900/\$950).

Do you have any dietary restrictions? _____

Do you require ADA (American with Disabilities Act) accommodations? _____

Please select the method of contact, should we need to reach you in advance of the meeting in case of a natural disaster, meeting cancellation, etc.

Mobile Phone _____ Mobile Email _____



Council of Medical Specialty Societies

Do you plan to attend the Registry Summit Networking Reception on Wednesday, May 8th from 5:30 – 7:30 pm at the Swissotel Hotel? YES NO

Do you plan to attend the Spring Meeting Networking Reception on Thursday, May 9th from 5:30 – 7:30 pm at the Marriott Magnificent Mile? YES NO

Which Component Group meetings will you attend? Please note that meetings will meet concurrently during the Spring Meeting on Friday, May 10.

- CEO - Chief Executive Officers
 CFO - Chief Financial Officers
 CIO - Chief Information Officers
 COO - Chief Operating Officers
 CPG - Clinical Practice Guideline (CPG) Developers
 CPD - Continuing Professional Development
 GC - General Counsels
 HR - Human Resources
 MD - Membership Directors
 PEHRC - Physicians Electronic Health Record Coalition
 PUB - Publishing
 QI/PI - Quality Improvement/Performance Improvement Director

PAYMENT OF FEES - All registrations must be accompanied with payment.

Check (payable to Council of Medical Specialty Societies) Visa MasterCard Amex

Total Registration Amount _____

Card Number _____ Expiration: ____ / ____ Security Code _____

Cardholder's Signature _____

Registration Cancellation:

Requests for refunds must be made in writing and received on or before Thursday, April 25, 2019. There is a \$75 handling fee for ALL refunds and returned checks. Cancellations and registrations postmarked after the deadline date will not be eligible for refunds. Substitutions from one registrant to another are not permitted.

Please mail or fax completed form to:

Mail: Council of Medical Specialty Societies
ATTN: Registration Services
633 N. St. Clair St., Suite 2400
Chicago, IL 60611

Fax: 312-202-5003