



Council of Medical Specialty Societies

2019 Registry Summit and Spring Meeting
Registration Form

Attendee/Badge Information

Registration form fields: 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 4/9 Regular Rate - Beginning 4/10

- 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 8<sup>th</sup> from 5:30 – 7:30 pm at the Swissotel Hotel? YES NO

Please select the lunch session which most interests you; this will allow us to plan the meeting room size accordingly **Registry Summit** Thursday, May 9<sup>th</sup> from 12:00 – 1:30 pm at the Swissotel Hotel.

- Evolving Data Models for Registries
- Evolving Financial Models for Registries
- Evolving Measurement: Incorporating PROMs into Registries

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

Please select the lunch session which most interests you; this will allow us to plan the meeting room size accordingly **Spring Meeting** Friday, May 10<sup>th</sup> from 12:00 – 1:30 pm at the Marriott Magnificent Mile.

- Evolving Data Models for Registries
- Evolving Financial Models for Registries
- Evolving Measurement: Incorporating PROMs into Registries

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

- |  |   |
|--|---|
| <input type="checkbox"/> CEO - Chief Executive Officers  | <input type="checkbox"/> HR - Human Resources   |
| <input type="checkbox"/> CFO - Chief Financial Officers  | <input type="checkbox"/> MD - Membership Directors                                    |
| <input type="checkbox"/> CIO - Chief Information Officers  | <input type="checkbox"/> PEHRC - Physicians Electronic Health Record Coalition        |
| <input type="checkbox"/> COO - Chief Operating Officers  | <input type="checkbox"/> PUB - Publishing   |
| <input type="checkbox"/> CPG - Clinical Practice Guideline (CPG) Developers                      | <input type="checkbox"/> QI/PI - Quality Improvement/Performance Improvement Director |
| <input type="checkbox"/> CPD - Continuing Professional Development                               | <input type="checkbox"/> DHTF – Disclosure Harmonization Taskforce                    |
| <input type="checkbox"/> GC - General Counsels   | <input type="checkbox"/> BRTF – Burnout Resilience Taskforce                          |
| <input type="checkbox"/> GECCAT – Gender Equity in Compensation and Career Advancement Taskforce |   |

**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**