



Council of Medical Specialty Societies

CMSS Annual Meeting and Specialty Forum

Registration Form

Attendee/Badge Information

Registration form fields: First Name, Middle Initial, Last Name, Credentials, Organization, Job Title, Address, City, State, Zip, Email, Phone

Table with columns: Assistant's Name, Assistant's Email, and registration options (Annual Meeting Only, Annual Meeting & Specialty Forum, Specialty Forum, OPDA, PEHRC Meeting Only, PEHRC Meeting & Specialty Forum Only) with prices for Early and Regular rates.

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

Will you attend the Annual Meeting Member Reception on Thursday, November 21, 5:30 – 7:30 pm? YES NO

Will you attend the Specialty Forum Reception on Friday, November 22, 5:30– 7:30 pm? YES NO

Which Component Group meetings will you attend? Please note that meetings will meet concurrently on Thursday afternoon and Friday morning. Due to limited meeting space, not all groups will meet on Thursday, though the session on Disclosure Harmonization is open to all members.

- 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
DH – Disclosure Harmonization
GC – General Counsels
GOV – Governance Support
HR - Human Resources
M - Membership
P - Publishing
QI/PI/R - Quality Improvement, Performance Improvement and Registries
SIM – Simulation

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, November 7, 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