



Council of Medical Specialty Societies

CMSS Annual Meeting and Specialty Forum

Registration Form

Attendee/Badge Information

First Name Middle Initial Last Name Credentials

Organization Job Title

Address City State Zip

Email Phone

Assistant's Name

I WISH TO REGISTER FOR:

Assistant's Email

Early – Through 10/31 Regular Rate – Beginning 11/1

<input type="checkbox"/> Annual Meeting Only – Member	\$525	\$575
<input type="checkbox"/> Annual Meeting & Specialty Forum – Member	\$750	\$800
<input type="checkbox"/> Specialty Forum – Member	\$550	\$600
<input type="checkbox"/> Specialty Forum – Non-Member	\$800	\$850
<input type="checkbox"/> OPDA	\$275	\$300
<input type="checkbox"/> PEHRC Meeting Only	\$0	\$0
<input type="checkbox"/> PEHRC Meeting & Specialty Forum Only	\$550- (only w/code)	\$600- (only w/code)

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

☐GOV – Governance Support

☐CFO - Chief Financial Officers

☐HR - Human Resources

☐CIO - Chief Information Officers

☐M - Membership

☐COO - Chief Operating Officers

☐P - Publishing

☐CPG - Clinical Practice Guideline (CPG) Developers

☐QI/PI/R - Quality Improvement, Performance

☐CPD - Continuing Professional Development

Improvement and Registries

☐DH – Disclosure Harmonization

☐SIM – Simulation

☐GC – General Counsels

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