

Select appropriate box:

ASHRM member Nonmember

ASHRM Membership/ID Number _____

Attendee Name		Designation(s)	
Title		Organization	
Address	City	State	Zip
Phone		Attendee Email	
Registrant Name (If different from attendee)			
Registrant Email		Registrant Phone	

Registration Options

Track I

Monday-Tuesday Programs - Select one program

- CPHRM Exam Prep Course
- HRM Module 1: Essentials in Healthcare Risk Management
- HRM Module 3: Advanced Forum in Healthcare Risk Management
- Patient Safety I: Set the Framework
- Risk Financing Boot Camp

Please select applicable pricing

	Before 3/18	After 3/18
ASHRM member	<input type="checkbox"/> \$635	<input type="checkbox"/> \$735
Nonmember	<input type="checkbox"/> \$735	<input type="checkbox"/> \$835

Track II

Wednesday-Thursday Programs - Select one program

- Enterprise Risk Management (ERM) Certificate Program
- HRM Module 2: Applications in Healthcare Risk Management
- Patient Safety II: Taking the Lead

Please select applicable pricing

	Before 3/18	After 3/18
ASHRM member	<input type="checkbox"/> \$635	<input type="checkbox"/> \$735
Nonmember	<input type="checkbox"/> \$735	<input type="checkbox"/> \$835

Get Member Pricing Now

Join ASHRM today and you will instantly be eligible for the discounted member rate for ASHRM Academy registration. Membership is yearly and includes major discounts on all ASHRM webinars, products and registration for the ASHRM 2016 Annual Conference. *Please select.*

Join ASHRM \$159

Payment Options

Mail: Use this form with check payable to ASHRM and mail to:
**American Hospital Association, 75 Remittance Drive,
Suite 1885, Chicago, IL 60675-1885.**

Note: Payment must be received by March 18, 2016

Online: With credit card, visit ASHRM.org/academy and click on the registration button.

Total amount due \$ _____

Select box if you require special assistance when you are at ASHRM Academy.



A personal membership group of the
American Hospital Association

ASHRM Academy Registration Information

Payment Information

Mail: Mail this registration form, with a check payable to ASHRM, to:

American Hospital Association
75 Remittance Drive, Suite 1885
Chicago, IL 60675-1885

Online: Visit ASHRM.org/academy. All online registrations require pre-payment by credit card.

Cancellation Policy

All cancellation and refund requests must be made in writing to: ASHRM, 155 N. Wacker Drive, Suite 400, Chicago, IL 60606; fax: (312) 422-4580 or email: ASHRM@aha.org. All refunds will be provided in the original form of payment after the Academy concludes.

ERM Certificate Program Cancellation

Registration fees, less a \$100 cancellation fee, are refundable if written notice is postmarked or emailed no later than **March 18, 2016** at 4 p.m. CST – this date is prior to the start of the self-study portion of the program.

All Other Cancellations

Registration fees, less a \$100 cancellation fee, are refundable if written notice is postmarked or emailed no later than **April 8, 2016** at 4 p.m. CST.

Substitutions

Registrants unable to attend may send an alternate. If the alternate is not a member of ASHRM and the original registrant is a member, the nonmember differential must be paid.

For More Information

Phone: (312) 422-3980

Email: ASHRM@aha.org

Online: ASHRM.org/academy