

## Medical Staff Leader Orientation & Toolkit On Demand Virtual Seminar

Hospital Name: City: State:  
Address: Zip Code:  
Contact Person: Email:  
Title: Phone:

**Pricing:** \$895 - On Demand recording  
\$7,795 (per organization or up to 3 hospitals per system / unlimited attendees -no info needed)  
\$10,500 (system purchase - more than 3 hospitals / unlimited attendees -no info needed)

Credit Card: *(HSME will contact you via phone for CC information.)* Check Enclosed: *(Please make check payable to HSM Enterprises.)*  
Please invoice: *(You will be sent an invoice within 10 days to the email listed above.)*

### Attendee Information 2026

*A unique email address must be used for each individual participant*

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Attendee #1 First: MI: Last:

Title: Degree:

\*Email:

*\*E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #2 First: MI: Last:

Title: Degree:

\*Email:

*\*E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #3 First: MI: Last:

Title: Degree:

\*Email:

*\*E-mail address will be used to access our conference app, and to receive pre and post course materials*

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## Attendee Information 2026 - Page 2

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Attendee #4 First:

MI:

Last:

Title:

Degree:

\*Email:

*\*E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #5 First:

MI:

Last:

Title:

Degree:

\*Email:

*\*E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #6 First:

MI:

Last:

Title:

Degree:

\*Email:

*\*E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #7 First:

MI:

Last:

Title:

Degree:

\*Email:

*\*E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #8 First:

MI:

Last:

Title:

Degree:

\*Email:

*\*E-mail address will be used to access our conference app, and to receive pre and post course materials*

Attendee #9 First:

MI:

Last:

Title:

Degree:

\*Email:

*\*E-mail address will be used to access our conference app, and to receive pre and post course materials*

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*Please fill out a second form if additional attendee information is needed*

*info@hortyspringer.com*