

Medical Staff Leader Orientation & Toolkit Registration

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

Pricing: \$895/Person live premiere \$895 - On Demand recording
February 26, 2026 (8am – 3pm EST) (Available February 27, 2026)

\$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

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*

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*