

**Registration for the 40th Annual SHIM Meeting
Copper Mountain, Colorado February 20 – 25, 2010**

Fill in all information. List names and addresses of everyone attending as you would like them to appear on your nametags. Please give the ages of all children under 18. Please give the city and state for all guests. Send your registration form and payment to **Anne Colston Wentz, MD, SHIM, PO Box 2501, (if FedEx, 392 Holden Road, Beaver Creek) Avon, CO 81620-2501**. Call or email Kathy Calton at 970-390-7337 or katcalton@humanismminmedicine.org with any questions.

Attendee Information	
Name: _____	Badge Name: _____ ACOG Membership # _____
Address: _____	Telephone: _____
_____	E-mail: _____
Significant Other: _____	City/State: _____
Children: _____	Age: _____ City/State: _____ Babysitter service? _____
Children: _____	Age: _____ City/State: _____ Babysitter service? _____
Guest: _____	Badge Name: _____ ACOG #: _____
Address: _____	Email: _____
Additional Information	
Please list anyone who will be receiving CME credit (other than SHIM members): _____	
Do you have any special dietary (i.e. vegetarian) or accessibility requirements? _____	
Is this your first meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No (We want to be able to recognize you to the membership)	
Although you should make your own hotel arrangements, will you be staying at Copper Mountain? The hotel cut-off date for registration is January 20, 2010 .	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrival Date: _____ Departure Date: _____
Besides skiing, is there anything else you would be interested in (i.e. snowshoeing, cross country skiing, nature trip, bridge, etc.)? Other activities _____	
Payment Information	Fill in Amounts
Regular Registration Postmarked by Jan. 20, 2010.	
Meeting Registration – Member.....	\$495 _____
Spouse or S.O.....	\$200 _____
Meals (5 breakfasts, 2 dinners, hospitality suite) 1 person.....	\$350 _____
Spouse or S.O. meals.....	\$150 _____
Late registration (2 people/1 person).....	\$795/595 _____
Meals (2 people/1 person).....	\$500/350 _____
Special Categories	
First Time Attendee (meals and CME included).....	\$500 _____
Spouse or S.O.....	\$200 _____
Surviving Spouse Emeritus Member.....	\$350 _____
Children (Ages 10-18), each.....	\$100 _____
Children (Over 18), each.....	\$350 _____
Guests, each.....	\$350 _____
add registration fee, for CME credit hours, if desired.....	\$295 _____
Total Amount Sent =	

Conference
Registration