REGISTRATION FORM

Register Online at www.smdm.org

Join the conversation: #smdm18

Decision Making Across the Lifespan

October 13-17, 2018 Montreal, QC, Canada

SMDM Society for Medical Decision Making

Better Health through Better Decisions.

40th Annual Meeting

*Required

*First Name: _____ *Last Name: _____ *Degree(s):_____ *Name to Appear on Badge:_____

***Areas of Expertise** (check up to 3):

- ☐ Assessment of patients' preferences, values, and utilities
- ☐ Biomedical ethics
- ☐ Biostatistics
- ☐ Cognitive aspects of decision making; judgment and decision psychology
- ☐ Decision analysis and cost effectiveness analysis
- ☐ Development and analysis of large databases
- ☐ Development and evaluation of practice guidelines
- ☐ Expert systems and decision technologies
- ☐ Global health
- ☐ Health care technology assessment
- ☐ Health policy
- ☐ Outcome and health status assessment
- ☐ Medical and patient education
- ☐ Medical economics
- ☐ Policy impact
- ☐ Quality of care assessment and improvement
- ☐ Risk, case mix, and severity of illness

*Institution / Organization / Company: _____

*Address: _____

*City: _____ *State/Province: _____ *Zip: _____ *Country: _____

*Email: _____ *Phone: _____ Twitter Handle: _____

*Emergency Contact Name/ Phone #: _____

☐ Special Accommodations SPECIFY: _____ ☐ Food Allergies SPECIFY: _____

☐ First Time Attendee ☐ Student/Trainee Ask Me About: _____

All registration fees are listed in US Dollars.

SHORT COURSE REGISTRATION

	Through 9/21	After 9/21	TOTAL FEE
Short Course Fees for Meeting Attendees			
FULL DAY OR 2 HALF DAY COURSES			
Regular Member	$400.00	$490.00	$_____
Trainee, Emeritus, LMIC, Non-NA 1st Time Attendees, Patient Attendees	$340.00	$430.00	$_____
Non-Member	$650.00	$740.00	$_____
1 HALF DAY COURSE			
Regular Member	$200.00	$245.00	$_____
Trainee, Emeritus, LMIC, Non-NA 1st Time Attendees, Patient Attendees	$170.00	$215.00	$_____
Non-Member	$325.00	$370.00	$_____

I would like to attend the following Short Course(s). Please enter the short course code that corresponds to the course

SC Full day # SC AM # SC PM #

ANNUAL MEETING FEES

	Through 9/21	After 9/21	TOTAL FEE
Annual Meeting Registration and 1 year Membership Package			
Regular Member Join/Renew Membership & Meeting Package	$859.00	$939.00	$_____
Trainee and LMIC Member Join/Renew Membership & Meeting Package	$388.00	$428.00	$_____
Emeritus Membership Renewal & Meeting Package	$455.00	$495.00	$_____
General Annual Meeting Registration			
Regular Member	$565.00	$645.00	$_____
Trainee, Emeritus, LMIC, Non-NA 1st Time Attendee, Patient Attendees	$290.00	$330.00	$_____
Canadian Non-Member	$665.00	$690.00	$_____
Non-Canadian Non-Member	$830.00	$910.00	$_____
One Day Only			
Check which day you will be attending ☐ **Monday** ☐ **Tuesday** ☐ **Wednesday**	$320.00	$385.00	$_____

MEETING ENHANCEMENTS

Evening Symposium: Indigenous Ways of Health Decision Making Across the Lifespan, Non-Trainee Rate – Saturday, October 13	$40.00	$40.00	$_____
Evening Symposium: Indigenous Ways of Health Decision Making Across the Lifespan, Trainee Rate – Saturday, October 13	$20.00	$20.00	$_____
Women in SMDM Educational Event, Sunday, October 14	FREE	FREE	$_____
Trainee Luncheon, Trainee Rate, Sunday, October 14	$ 5.00	$ 5.00	$_____
Trainee Luncheon, Regular and Non-Member Rate, Sunday, October 14	$20.00	$ 20.00	$_____
Social Event, Monday, October 15	$50.00	$50.00	$_____
Career Development Workshop, Tuesday, October 16	FREE	FREE	$_____
CME Processing Fee (Applies to US-Based MDs)	$30.00	$30.00	$_____

Donations: ☐ John M. Eisenberg Award Fund ☐ Lee B. Lusted Student Prize Fund ☐ SMDM General Support $_____

PAYMENT INFORMATION

SMDM Tax ID#: 31-0992960 **GRAND TOTAL** $_____

All registration fees listed are in US Dollars.

If you are paying by **credit card** please fax to +1 (908) 450-1119. Credit cards accepted are VISA, MasterCard, Discover or AMEX. For your protection, please do not send credit card information via e-mail as it is not a secure transmission. If you are paying by **check** please mail to the office address below. Make the check payable (in U.S. funds) to "SMDM." Please write registrant's name on check. **SMDM**, 390 Amwell Road, Suite 402, Hillsborough, NJ 08844 USA

Credit Card #_____ Expiration Date_____

Print name (as it appears on credit card)_____ Signature_____

CANCELLATION / SUBSTITUTION POLICY: **We will accept notification of cancellations up until Friday, September 21, 2018 (3 weeks prior to the meeting.) All requests must be in writing, faxed to +1 (908) 450-1119 OR email to info@smdm.org.** Cancellations received on or prior to Friday, September 21, 2018 will receive a full refund, less a $50 administrative fee, after the conclusion of the meeting. No refunds will be given after Friday, September 21, 2018, but again you may send a colleague as a substitution.

NOTICE OF CONSENT/PRIVACY (REQUIRED)*

I agree that an application to the SMDM constitutes consent to receive e-mail, mail, or fax from the association and agree to terms of the SMDM Privacy Policy (http://smdm.org/hub/page/privacy). ☐ ***Yes, I consent*** ☐ ***No, I do not consent***