



MASSACHUSETTS
MEDICAL SOCIETY

*Every physician matters,
each patient counts.*

Registration Form

(INTERNAL USE: 40500-003099)

To register, complete the registration form and mail it to Massachusetts Medical Society, P.O. Box 9155, Waltham, MA 02454-9155. Or register by calling 800.843.6356 or faxing 781.893.0413.

Payment is due at the time of registration. Cancellations received in writing on or before September 13, 2013, will be refunded, less a 20% administrative charge. No refunds can be made after this date.

SEPTEMBER 20 AND 21, 2013 (AT BRANDEIS)
JANUARY 24 AND 25, 2014 (AT MMS)
MAY 9 AND 10, 2014 (AT BRANDEIS)

Physician Leadership in the Changing Health Care Environment

A jointly sponsored CME and certificate program with the Heller School for Social Policy and Management, Brandeis University.

PLEASE CHECK: ☐ MMS MEMBER ☐ NONMEMBER MEMBERSHIP NUMBER: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

LAST NAME: _____ ☐ MD ☐ OTHER

EMAIL: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

REGISTRATION FEE

PHYSICIAN

MMS MEMBER

\$2500

NONMEMBER

\$5000 (OR \$2600)*

☐ *YES, I'D LIKE TO JOIN THE MMS FOR \$100 AND ATTEND THIS PROGRAM FOR \$2500. DISTRICT DUES MAY APPLY.

☐ ENCLOSED IS MY CHECK PAYABLE TO THE MASSACHUSETTS MEDICAL SOCIETY FOR \$ _____.

☐ PLEASE BILL MY CREDIT CARD FOR \$ _____.

☐ AMEX ☐ VISA ☐ MASTERCARD

CARD NUMBER: _____

EXPIRATION DATE: _____

CARDHOLDER'S SIGNATURE: _____

Join the MMS through December 31, 2014, for \$100 and attend this program for \$2,500.

This offer is available only to first-time MMS members and is valid until September 20, 2013.

Additional local district medical dues may apply. For details, please call 800.322.2303, ext. 7311.

14PPL