

HEALTHCARE SYSTEMS PROCESS IMPROVEMENT

CONFERENCE 2021

Sponsored by:  SOCIETY FOR HEALTH SYSTEMS
LEADING HEALTHCARE IMPROVEMENT

HEALTHCARE SYSTEMS PROCESS IMPROVEMENT CONFERENCE 2021 REGISTRATION FORM

Registration Fees

	EARLY BIRD RATES BY JAN. 8	STANDARD RATES AFTER JAN. 8
<input type="checkbox"/> SHS MEMBER	\$499	\$599
<input type="checkbox"/> NON-MEMBER	\$599	\$699
<input type="checkbox"/> STUDENT*	\$49	\$99
<input type="checkbox"/> NON-MEMBER STUDENT*	\$89	\$139

All prices are in U.S. dollars (USD).

*Student Registration

You must be a full-time student with an accredited educational institution to be eligible for student rate. Students who are not IISE/SHS members must submit a copy of school schedule or letter from their institution with their completed registration form. **A copy of student ID will not be accepted as proof of status.**

Team Discount - Save up to \$50 off each registration

- Teams of five or more can deduct \$50 from each registration fee.
- Registrations must be received together.
- Team members must be from the same company.
- Team discounts do not apply to the early member, speaker, international and student rates.
- Please contact Customer Service at cs@iise.org, for further information.

Pre-Conference Workshops

WEDNESDAY, FEBRUARY 24

	MEMBER/ NON-MEMBER
<input type="checkbox"/> HOW DOES INNOVATION FIT INTO YOUR PROCESS IMPROVEMENT STRATEGY?	\$136/157
<input type="checkbox"/> HAIR CARE EXPERIENCE, INTRODUCTION TO DESIGN THINKING	\$136/157
<input type="checkbox"/> ENGAGING STAFF THROUGH WELL-CRAFTED FACILITATION SKILLS IN PHYSICAL AND VIRTUAL SETTING	\$136/157

I WOULD LIKE TO DONATE TO THE SHS SCHOLARSHIP FUND

<input type="checkbox"/> \$50	<input type="checkbox"/> \$25	<input type="checkbox"/> \$10
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Pre-conference workshops are separate fees and are not included in registration fee.

Please complete:

Mr. Mrs. Ms. Dr.

Last/Surname | First: _____

Preferred first name on badge: _____

Title: _____

Company: _____

Please check one: Company address Home address

Address: _____

City: _____ State/Prov Zip: _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____

Yes, I require special assistance services. E-mail your request to cs@iise.org.

Method of Payment: (Conference fees are due in full at registration in U.S. currency only.)

Check – made payable to IISE

A check for \$ _____ is enclosed. Check # _____

Credit card – Please charge \$ _____ to my:

Visa MasterCard American Express

Credit card # _____ Exp. Date: _____

Signature: _____

Name of cardholder (print): _____

Cancellations and Substitutions:

Cancellations must be made in writing and faxed to (770) 263-8532 or mailed to IISE, 3577 Parkway Lane, Suite 200, Norcross, GA 30092.

See website for deadline for refund. Contact customer service at cs@iienet.org or (770) 449-0460x102 or (800) 494-0460.

REGISTER ONLINE AND SAVE TIME AT
WWW.IISE.ORG/HSPI

Complete this registration form and

(1) Scan completed form and e-mail to cs@iise.org or

(2) Fax to 770-441-3295 or

(3) Mail to IISE, 3577 Parkway Lane, Suite 200, Norcross, GA 30092