

# HEALTHCARE SYSTEMS PROCESS IMPROVEMENT

CONFERENCE 2025

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SOCIETY FOR HEALTH SYSTEMS  
LEADING HEALTHCARE IMPROVEMENT

## HEALTHCARE SYSTEMS PROCESS IMPROVEMENT CONFERENCE 2025 STUDENT VOLUNTEER REGISTRATION FORM

### Registration Fees

	ADVANCED RATES NOV. 18 - FEB. 14	CONFERENCE REGISTRATION AFTER FEB. 14
<input type="checkbox"/> MEMBER STUDENT VOLUNTEER	\$295	\$350
<input type="checkbox"/> NON-MEMBER STUDENT VOLUNTEER*	\$350	\$405

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.**

#### I WOULD LIKE TO DONATE TO THE SHS SCHOLARSHIP FUND

\$50       \$25       \$10

Complete this registration form and  
(1) Scan completed form and e-mail to [cs@iise.org](mailto:cs@iise.org) or  
Mail to IISE, 3577 Parkway Lane, Suite 200, Norcross, GA 30092

Check here to confirm you have read and agree to the IISE Health and Safety Requirements for attending an in-person conference.

Yes, I require special assistance services. E-mail your request to [cs@iise.org](mailto:cs@iise.org).

#### 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: \_\_\_\_\_

#### 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 – An invoice will be emailed to you once the registration form has been processed.

#### Cancellations and Substitutions:

Cancellations must be made in writing and emailed to [cs@iise.org](mailto:cs@iise.org) or mailed to IISE, 3577 Parkway Lane, Suite 200, Norcross, GA 30092.

See website for deadline for refund. Contact customer service at [cs@iise.org](mailto:cs@iise.org) or (770) 349-1102 or (800) 494-0460.