SGIM Associate Member Group Registration

Registration Instructions & Payment Form



Group Registration Eligibility

Institutions registering 11 or more SGIM Associate Members (medical students, residents, and fellows) from the same institution are eligible for a price break on Annual Meeting registration fees. See fees below.

To qualify for this group discount, the group registration form must be completed in full and check payment must mail and arrive at the SGIM office by March 26, 2018. A \$25 administrative fee will apply.

No additional registrants may be added after group registration payment is processed.

Group Posistration Food

Mailing Address

Address 2

	Group Registration rees						
		Registration Fee per					
	Registrants	Associate Member					
	1-10	\$295 (standard rate)					
	11-20	\$236 (first price break)					
	21-30	\$206.50 (second price break)					

Group Registration Instructions

- Ensure each registrant is a current SGIM Associate Member (Student, Resident, Fellow). Please allow 48 hours after membership payment for benefits to activate.
- **Instruct each Associate Member to**
 - a) Register online at http://connect.sgim.org/sgim18/register/fees
 - b) Select pay by Check option under the Payment Method.
 - c) Click Submit Payment to save his/her online registration.
 - d) Share registration confirmation number with Group Coordinator.
- After all Associate Members in Group have saved their online registration, fill out SGIM Associate Member Group Registration Form with corresponding member ID & registration confirmation number, obtained in last page of online registration OR in registration confirmation email.
- Calculate Total Registration Fees. Add a \$25.00 administrative fee. Checks payable to Society of General Internal Medicine (SGIM). Reference SGIM18 Group Registration.
- 5 Email this form to Registration@sgim.org by March 26, 2018.
- Mail check and copy of this form by March 26, 2018: SGIM Registrar, 1500 King St., Suite 303, Alexandria, VA 22314

Group Registration Information

Department Institution

Group Coordinator Name

Email Address

City State **Postal Code Phone Number**



SGIM Associate Member Group Registration Form

Member ID	First Name	Middle Initial	Last Name	Email Address	Registration Number	Registrant Type*	Registration Amount
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econd price	break						
egistering more	than 22? Request a	form from Re	gistration@sgim.org		\$25 Admin	istrative Fee ->	
5 11 5 1010					Ţ_071 0	Total Due	

Registrant Types	Select the Associate Member's Registrant Type using his/her membership type:			
Medical Students	Residents	Fellows		
MED1 - Medical Student (Year 1)	PGY1 - Associate Member (PGY1)	FLW1 - Associate Member (Fellow Year 1)		
MED2 - Medical Student (Year 2)	PGY2 - Associate Member (PGY2)	FLW2 - Associate Member (Fellow Year 2)		
MED3 - Medical Student (Year 3)	PGY3 - Associate Member (PGY3)	FLW3 - Associate Member (Fellow Year 3)		
	PGY4 - Associate Member (PGY4)	FLWX - Associate Member (Fellowship Extended)		

Save this form as a new PDF. Submit this form along with **check payment** to SGIM by **March 26, 2018**. Email form to Registration@sgim.org for expedited processing.