

PHYSICIAN
HEALTH
SERVICES, INC.

A Massachusetts Medical Society corporation

REGISTRATION FORM

To register, complete the registration form and mail it to Physician Health Services, P.O. Box 549155, Waltham, MA 02454-9155. Or register by calling 800.843.6356, faxing 781.893.0413, or visiting www.massmed.org/mwc.

THURSDAY AND FRIDAY
APRIL 2–3, 2020

Massachusetts Medical Society
Headquarters at Waltham Woods
Waltham, Massachusetts

Managing Workplace Conflict

IMPROVING LEADERSHIP AND PERSONAL EFFECTIVENESS

I WILL ATTEND: THURSDAY AND FRIDAY, APRIL 2–3, 2020

PLEASE CHECK: MMS MEMBER MEMBERSHIP NUMBER: _____
 NONMEMBER

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____ MD OTHER

EMAIL: _____

TITLE: _____ ORGANIZATION: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

REGISTRATION FEE	MMS MEMBER	NONMEMBER
PHYSICIAN	\$650	\$750
RESIDENT	\$650	\$750

ENCLOSED IS MY CHECK PAYABLE TO PHYSICIAN HEALTH SERVICES, INC. FOR \$ _____.

PLEASE BILL MY CREDIT CARD FOR \$ _____.

AMEX VISA MASTERCARD

CARD NUMBER: _____ EXPIRATION DATE: _____

CARDHOLDER'S SIGNATURE: _____