

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](http://www.massmed.org/mwc).

THURSDAY AND FRIDAY  
JUNE 6–7, 2019

Massachusetts Medical Society  
Headquarters at Waltham Woods  
Waltham, Massachusetts

Managing Workplace Conflict

IMPROVING LEADERSHIP AND PERSONAL EFFECTIVENESS

I WILL ATTEND:  THURSDAY AND FRIDAY, JUNE 6–7, 2019

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: \_\_\_\_\_