

# Registration Form

(INTERNAL USE: 012018)

To register, complete the registration form and mail it to Massachusetts Medical Society, P.O. Box 9155, Waltham, MA 02454-9155. Or register by calling 800.843.6356 or faxing 781.893.0413. Payment is due at the time of registration.

THURSDAY AND FRIDAY, MARCH 7–8, 2013  
WEDNESDAY, MAY 22, 2013

PHYSICIAN HEALTH SERVICES, INC.

# Managing Workplace Conflict

## IMPROVING PERSONAL EFFECTIVENESS

I WILL ATTEND: ☐ THURSDAY AND FRIDAY, MARCH 7–8, 2013  
☐ WEDNESDAY, MAY 22, 2013

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	\$500	\$600
RESIDENT	\$500	\$600

☐ 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: \_\_\_\_\_