

Is your medical staff represented?



June
21-24



AMA Organized Medical Staff Section 2007 Annual Assembly

Palmer House Hilton, Chicago

The American Medical Association (AMA) Organized Medical Staff Section (OMSS) invites your medical staff to participate and be represented in the 2007 Annual Assembly, the only national forum for discussing medical staff issues. Here you can voice your concerns, share ideas, build knowledge, develop leadership skills and take necessary action to create positive change.

Together we are stronger!



Create positive change

Together we are stronger.

The AMA, through its OMSS, is the only advocate and representative body at the national level for hospital medical staff and other physician organizations. A unifying force and effective agent for change, the AMA-OMSS is your place to advocate for self-governance, the patient-physician relationship, physician autonomy in medical decision-making and other pressing issues facing medical staffs.

Share your voice. Take action.

Present and discuss ideas and concerns by submitting resolutions, testifying at hearings and caucusing with your colleagues. Vote on issues such as patient safety and the nursing shortage,

The paradigm of medicine is constantly changing and physicians need to have input in the direction medicine is going ... We need to provide oversight regarding changes imposed or suggested to us by the government, the Joint Commission and the insurance industry, so we can act as a correcting force to level the playing field."

— James A. Goodyear, MD
AMA member and at-large
member of the AMA-OMSS
Governing Council

medical tourism, guidelines for physician-hospital engagement, the hospitalist movement, credentialing, and more. Help us advocate for your medical staff—add your voice to the call for change.

Increase your knowledge.

Participate in unique education programs that offer insight and perspective on topics such as: Medicare reimbursement and coding, medical staff leadership, successful physician-hospital relationships and affiliations, current work force shortages, medical staff and hospital board engagement, universal health care and physicians, and employed/self-governing physician advocacy.

Create positive change.

Through the AMA-OMSS, you can influence patient care, the systems for delivering care, public policy, legislative and regulatory action, accreditation standards, and so much more.

**For more information,
call (800) 262-3211, ext. 4761**

June 21–24 • Palmer House Hilton • Chicago

How you can participate in the meeting

Submit a resolution.

Make your ideas and concerns count. To be considered and included in the AMA-OMSS handbook, resolutions from AMA-OMSS representatives or state delegations must be received no later than **May 11**. Resolutions submitted after the deadline will be considered late and will require a two-thirds vote of the AMA-OMSS Assembly for acceptance. The deadline for late resolutions is 4 p.m., **June 21**.

In writing your resolution, be as clear and concise as possible. Please note the following:

- The title must reflect the proposed action.
- Each “Whereas” statement must support the “resolve”—a definitive statement that can stand on its own. The latter will be voted on and will appear in the official proceedings.

For assistance call (800) 262-3211, ext. 4761.

Examples of how resolutions have led to change include: the elimination of gag clauses in managed care contracts through model legislation, the establishment of Blue Cross Blue Shield Guidelines for Physician Involvement in Health Plans and the enhancement of the Joint Commission standards.

*Late resolutions submitted after **June 19** must be delivered in person or by fax to the AMA-OMSS staff office at the Palmer House Hilton. The hotel fax number is (312) 917-1707.*

Attendance, voting, attire

A hospital medical staff, group practice or other physician organization can choose one or more physicians to represent them in the AMA-OMSS Assembly. AMA-OMSS representatives are allowed to testify at reference committee hearings and vote at the business meeting. Other medical staff members, health care organization leaders and medical staff professionals may attend as guests. Business attire is recommended.

Overall program objectives

AMA-OMSS education programs and advocacy forums help you: (1) develop skills to improve the quality and safety of patient care; (2) assess the management and operations of your practice and medical staff organization; (3) develop your leadership abilities; and (4) identify opportunities and methods for maintaining autonomy and close relationships with patients.

See the educational sessions on page 4.

Accreditation statement

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation statement

The American Medical Association designates this educational activity for a maximum of 10.5 *AMA PRA Category 1 Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

To obtain a certificate of continuing medical education (CME) credit for this meeting, there will be a \$10 charge. Please provide CME request and payment information on the event selection form in this brochure.

AMA membership outreach

Nearly 20 percent of new members join the AMA because of a personal recommendation from a colleague. No one is more essential or uniquely qualified than you, a physician and AMA-OMSS member, to get the AMA message out to our colleagues and peers.

Make a phone call, write a note, chat over coffee or discuss at staff meetings—enroll new members and share the AMA message.

Sign up as an AMA Outreach Recruiter today! Visit us at the Involvement booth at the Hilton Chicago during the AMA Annual Meeting, or at outreach@ama-assn.org to contact an AMA staff member for more information.

Hotel and travel information

Reservations must be made by Friday, May 25.

Reserve your hotel room through AMA/Experient in one of three easy ways (refer to the hotel reservation form in this brochure):

Fax credit card only

(800) 521-6017

Phone credit card only

(800) 974-9833

Online credit card only

www.ama-assn.org/go/annual2007

General information

- Do not mail housing form if previously faxed or telephoned.
- Submit only one room request per form.
- All reservations must be processed through AMA/Experient.
- Hotel reservations will require a guarantee against a credit card. Credit cards will be charged if reservations are not used or canceled 48 hours prior to arrival.
- Reservation changes or cancellations should be made directly with AMA/Experient by 5 p.m. CST Wednesday, June 6. Beginning Wednesday, June 13, contact the hotel.
- Record the date/time, the person with whom you spoke and the cancellation number, and check the confirmation for the hotel's cancellation policy to ensure that charges have not been applied to your credit card.

Special airline arrangements

Book directly with United Airlines or through your travel agent.

United Airlines

(800) 521-4041

Promotion code 500CQ

Airfare discount information

United Airlines

- Get a 10 percent discount off any published fare, including first-class, up to 30 days prior to departure. For less than 30 days, a 5 percent discount will apply.
- Any applicable ticketing fees will also apply when using the United Airlines call center at (800) 521-4041. Be sure to mention promotion code 500CQ to receive your discount.

Book online

To book your reservations online, go to www.united.com and receive a 10 percent discount. Discounts apply on United Airlines, United Express and TED qualifying flights.

Once you have linked to www.united.com

- Enter your origin and destination and travel dates.
- Enter the promotion code **500CQ** (use capital letters) in the appropriate box.

Available flights will be displayed. When you select an available flight, your discounted fare will automatically be calculated.

Thursday, June 21

Noon–7 p.m.	Registration and credentialing
12:30–5:30 p.m.	Medical staff leadership and practice management program
12:30–2 p.m.	Medical staff leadership in today’s environment: What does it take?
2:15–3:45 p.m.	Medical staff and trustee engagement: A commitment to quality and safety
4–5:30 p.m.	How the market influences and creates opportunities for physician-hospital affiliation
5:45–6:45 p.m.	AMA-OMSS new representative orientation program
7–8:30 p.m.	AMA-OMSS advocacy forum Employed physicians, the organized medical staff and the AMA-OMSS: The power in a shared vision and common goals

Friday, June 22

6:30–8:30 a.m.	Caucus meetings (Specific times for the Arizona, Cowchip, Great Northeast, Heartland and Western caucuses will be provided in your handbook.)
7 a.m.	Registration and credentialing
8–9 a.m.	AMA-OMSS Representative Assembly opening session
9 a.m.–noon	AMA-OMSS Reference Committee hearing
Noon–1 p.m.	Luncheon program: Washington update
1–1:15 p.m.	Break
1:15–2:15 p.m.	AMA-OMSS open forum
2:15–6 p.m.	AMA-OMSS education program
2:15–3:15 p.m.	Physician-hospital relationships: Where allies, not adversaries, prevail
3:30–4:30 p.m.	Medicare reimbursement and the benefits of coding correctly
4:45–5:45 p.m.	Who will be there to care? Today’s work force issues
6–8 p.m.	AMA Foundation reception: Celebration of Giving (International Ballroom, Hilton Chicago)

Saturday, June 23

6:30 a.m.	Registration and credentialing
6:30–8:30 a.m.	Caucus meetings (Specific times for the Arizona, Cowchip, Great Northeast, Heartland and Western caucuses will be provided in your handbook.)
8–9:30 a.m.	AMA-OMSS education program Universal health care: The economic impact on physicians
9:45 a.m.–noon	AMA-OMSS Representative Assembly business meeting

▼ **AMA-OMSS moves to the Hilton Chicago, 720 S. Michigan Ave.** ▼

1–2:30 p.m.	Group practice education program What does Medicare pay for reporting mean for your group practice?
3–5:30 p.m.	Opening of AMA House of Delegates (HOD)

Sunday, June 24

6:45–7:45 a.m.	AMA-OMSS briefing and strategy session
8–8:30 a.m.	AMA-HOD opening
8:30 a.m.–12:30 p.m.	AMA-HOD Reference Committee hearings
1:30–6 p.m.	AMA-HOD Reference Committee hearings
5–6 p.m.	AMA-OMSS Reference Committee debriefing session

Thursday, June 21

Medical staff leadership and practice management program

12:30–2 p.m. (1.5 CME credits)

Medical staff leadership in today's environment: What does it take?

In today's challenging health care environment, physicians need effective leaders who will initiate, make changes, take risks and best articulate the collective vision for their group—the organized medical staff. They must embody communication, organization and diplomacy skills for successful interactions with the governing board, hospital administration and other medical staff.

Because the roles and responsibilities of the president/chief of staff, clinical department chair and committee chair are so important to the credentialing and quality improvement process, they need to be addressed in the medical staff bylaws, detailed in the medical staff position descriptions and explained to candidates before they accept a leadership position. This session will define the various medical staff leadership positions, describe how they function day to day, and explain why having a reputation for objectivity and fairness is key to successful leadership.

After this session, participants will be able to:

- Define the specific roles and responsibilities of organized medical staff leaders in the medical staff bylaws and in accordance with the Joint Commission standards.
- Assess the qualifications, personal attributes and time commitment needed to successfully function in these roles.
- Demonstrate how various medical staff leaders use their authority in resolving day-to-day issues.

2:15–3:45 p.m. (1.5 CME credits)

Medical staff and trustee engagement: A commitment to quality and safety*

Hospital boards are best known to have primary responsibility for the organization's financial health and reputation—an important role in the face of higher community benefit standards, changing reimbursement formulas from payers, greater consumer expectations and a frightening rise in the uninsured. The duties of the board, however, extend beyond financial stewardship to oversight of the mission, strategy, executive leadership, quality and safety of the hospital/organization. The board bears direct responsibility for the hospital's mission to provide the best possible care and to avoid any harm to patients.

To be effective, the board must understand the clinical issues surrounding patient care and safety in its institution. Who better to impart this information than those responsible for the quality and delivery of care—the medical staff. Unfortunately, the com-

munication between these two groups is often unsatisfactory, resulting in board noninvolvement or isolation from the very activities for which it has oversight responsibility. Recognizing the value of working together toward common goals, this session will focus on ways medical staff leaders can engage the board through communication, education and involvement in quality initiatives.

After this session, participants will be able to:

- Define roles/responsibilities of the organized medical staff and the hospital board in quality improvement and patient safety.
- Identify ways the medical staff can help educate the board on interpreting and using quality data.
- Discuss the value of medical staff and hospital board engagement, as well as methods to ensure its effectiveness.

**This session is in keeping with the AMA's Making Strides in Safety™ program and lifetime goal to support physicians in their efforts to improve patient safety at the point of care through model programs and tools.*

4–5:30 p.m. (1.5 CME credits)

How the market influences and creates opportunities for physician-hospital affiliation

The program will explore how the continuing migration of services from the inpatient setting to the outpatient setting to the free-standing setting has caused economic friction between the hospital and some members of the medical staff. As more and more physicians compete with hospitals for profitable outpatient volume, hospitals have an increased sense of urgency for exploring partnering options to stem potential losses in volume. At the same time, many physicians appear open to partnering with hospitals, especially if it will help augment their professional fee income.

After this session, participants will be able to:

- Identify the key market forces at play causing the economic “rub” between hospitals and their medical staffs.
- Differentiate various perspectives and underlying motivations of both hospitals and their medical staffs regarding affiliation.
- Recognize the range of options available in physician-hospital partnering and how they may be influenced by the current legal and regulatory environment.

AMA-OMSS advocacy forum

7–8:30 p.m. (1.5 CME credits)

Employed physicians, the organized medical staff and the AMA-OMSS: The power in a shared vision and common goals

Today's ever-changing, competitive health care environment is creating new opportunities and challenges for both physicians and traditional systems of care and governance. Many primary care physicians are no longer caring for patients in the hospital, as hospitalists have been employed to assume this role. The

Educational sessions

growing independence of specialty groups within the community also has caused physicians to become less involved in hospital medical staff affairs, leaving open to question the relevance of the organized medical staff and the ability of physicians to maintain a structure for self-governance and accountability.

Having long championed the tenets of self-governance, the individual rights and responsibilities of physicians, and the integrity of the patient-physician relationship, the AMA-OMSS believes it is time to embrace the changing face of medicine. This session will offer perspectives on self-governance and accountability from physicians in various modes of practice, discuss the value of a shared vision and common goals, and explore ways to channel their collective voice in the best interest of physicians and their patients.

After this session, participants will be able to:

- Describe the role, responsibilities and relationships of employed physicians and the self-governing medical staff.
- Discuss how the changing health care environment is creating challenges for traditional systems of care.
- Judge the value of physicians uniting as colleagues and advocates in preserving/protecting physicians' and patients' rights.

Friday, June 22

Noon–1 p.m.

Washington update

The AMA is aggressively involved in advocacy efforts, including medical liability reform, Medicare physician payment reform, expanding coverage for the uninsured and increasing access to care, improving the public health, and managed care reform, among others. From lobbying key members of Congress to advising top officials of the administration to giving leading health care groups perspective on quality issues, the AMA works tirelessly to support the interests of physicians and their patients. This session will discuss the AMA's progress in pursuing its 2007 agenda, as well as opportunities for, and obstacles to, achieving success.

After this session, participants should be able to:

- Describe the political landscape and its effect on AMA advocacy.
- Identify AMA's legislative priorities and national efforts to improve the quality of health care.
- Initiate contact with their legislators and advocate the AMA's position on current issues.

AMA-OMSS education program

2:15–3:15 p.m. (1 CME credit)

Physician-hospital relationships: Where allies, not adversaries, prevail

The physician-hospital relationship is a complex one that is frequently fraught with conflict. Pressures related to rising costs,

declining reimbursement and an intensely competitive market have often pitted physicians against one another in recent years. While environmental forces have molded many of these relationships and affected their degree of success, the vastly divergent cultural backgrounds that physicians and hospital administrators bring to the bargaining table also profoundly influence the structure of their partnership and its potential for success.

Physicians are known to be highly autonomous and individualistic. Observers say they show healthy skepticism, tend to be critical of themselves and others, and place their loyalty with their patients and physician colleagues. In contrast, physicians' relationship with hospital leaders is more tenuous. There is often a shared mistrust and concern over control, which likely comes from the different decision-making and management skills used by each to execute one's job. Understanding these differences can help deal with the challenges of developing meaningful, lasting health care partnerships. This session will showcase the effective working relationship between the medical staff and hospital administration at White Memorial Medical Center in Los Angeles, and identify the keys to their success.

After this session, participants will be able to:

- Review/specify policy issues dividing physicians and hospitals.
- Prescribe ways to overcome the challenges and disparities between physicians and hospitals.
- Show how the physicians and administrators at one hospital maintain a cooperative, productive and collegial relationship.

3:30–4:30 p.m. (1 CME credit)

Medicare reimbursement and the benefits of coding correctly

Congress gave physicians a last-minute reprieve from the 5 percent Medicare pay cut that would have gone into effect Jan. 1, 2007, and the House and Senate approved a 1.5 percent bonus to be added to Medicare reimbursement in the second half of 2007 for physicians who voluntarily report quality-of-care measures. This unfortunately will do little for the physicians who continue to struggle for economic survival. To keep afloat, some have dropped their Medicare patients. While such decisions are tough for physicians who have had long-standing, trusting relationships with their Medicare patients, the larger, more disturbing concern is its potential impact on quality and access to care for our nation's most vulnerable citizens—the elderly.

This session will discuss Medicare's Resource-Based Relative Value Scale (RBRVS) payment system and physician practice expense and relative value changes and what they mean for physicians. It will also explore ways physicians can achieve optimal reimbursement by improving their coding practices.

Educational sessions

In this session, participants will be able to:

- Explain how the Medicare RBRVS payment system may affect physicians' practices.
- Describe key components of this payment system, including the RBRVS, geographic adjustments, conversion factor and limits on physician charges.
- Improve coding practices to ensure appropriate reimbursement.

4:45–5:45 p.m. (1 CME credit)

Who will be there to care? Today's work force issues

The financial outlook for hospitals is not good. Not only are they struggling to remain open and provide quality care in the face of increasing health care costs and market competition, but health systems are also having to absorb the costs of providing care to the growing number of uninsured in the United States—now at nearly 45 million. A national shortage of health care workers, including pharmacists, nurses and radiology technicians, becomes a further drain on financial resources when health systems, in a pinch to fill positions, resort to using more expensive temporary personnel, such as traveling nurses and relief pharmacists. Without adequate staffing, hospitals also run the risk of increased medical errors that can be even more costly.

This session will discuss the status of today's health care work force, the implications for the future, and opportunities and methods for improving recruitment and retention.

After this session, participants will be able to:

- Cite projections for staff shortages in the next several years.
- Examine the implications of work force shortages as they relate to health care quality and access to care.
- Propose successful approaches for addressing these shortages.

Saturday, June 23

8–9:30 a.m. (1.5 CME credits)

Universal health care: The economic impact on physicians

Universal health care (UHC), an issue largely abandoned since the early 1990s, has re-emerged as an issue on Capitol Hill and around the nation, with lawmakers looking at Massachusetts, Minnesota, Pennsylvania and California plans as political and structural models for our country's nearly 45 million uninsured. Government leaders and health care specialists across the political spectrum are increasingly willing to compromise on the issue, but many physicians are saying, "Not so fast!" Having to overcome the challenges of declining Medicare reimbursement and rising medical liability and practice costs, there is growing concern among physicians that they will wind up subsidizing any UHC plan. This session will discuss UHC initiatives and proposals and their potential effect on physician income and practice.

After this session, participants will be able to:

- Describe current attitudes toward UHC in the public and private sector.
- Contrast existing and proposed UHC plans.
- Assess the economic impact of UHC on physicians.

Group practice education program (not part of the AMA-OMSS program)

1–2:30 p.m., Hilton Chicago

What does Medicare pay for reporting mean for your group practice?

Some group practices embrace pay for performance, believe it is time to align payment with quality and efficiency, and have made tremendous long-term investments in information technology, quality reporting and population health. Other practices have just begun to develop the infrastructure and tools needed in order to participate in pay-for-performance programs and performance measurement. The Centers for Medicare & Medicaid Services (CMS) movement toward pay for performance for physicians will take a giant step forward on July 1, when the CMS Physician Quality Reporting Initiative (PQRI) takes effect.

This session will help participants understand how the PQRI program is constructed, including the genesis of the measures and how practices can participate. A reaction panel consisting of Mark Kelley, MD, EVP, Henry Ford Health System, and others will help separate the theory of pay for performance and reporting from its practical application in the day-to-day practice of medicine. Panelists will identify some of the underlying infrastructure that needs to be in place to implement pay for performance and reporting, and the potential challenges involved.

Upon completion of the program, participants will be able to:

- Identify CMS's short- and long-term strategy for pay for performance and reporting and how it factors into the Medicare reimbursement system.
- Describe how the PQRI program is constructed and how a group practice can participate.
- Assess the impact that the PQRI program has on the day-to-day practice of medicine in a group practice.
- Distinguish between the perspective of CMS and group practice leaders on the pay for performance and reporting.
- Determine whether pay for performance can ultimately lead to improved quality of care and higher Medicare reimbursement in a group practice setting.

For more on group practice education, contact Charisse Green at the AMA: charisse.green@ama-assn.org or (312) 464-4539.

Conference registration form

Please type or print:

Name _____ Medical education (ME) number _____

Mailing address (street, city, state, ZIP code) *Note: Cannot deliver handbook to P.O. Box addresses* _____

Phone number _____ Fax number _____ E-mail address _____ Publish numbers in handbook Yes No

Hospital, health care system or physician organization represented _____

Address (street, city, state, ZIP code) _____

Check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> AMA-OMSS representative | <input type="checkbox"/> Medical staff president/chief of staff | <input type="checkbox"/> Medical staff services professional/National Association Medical Staff Services |
| <input type="checkbox"/> Provisional representative
(does not meet certification criteria) | <input type="checkbox"/> Medical director | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> First-time attendee | <input type="checkbox"/> AMA member | |
| | <input type="checkbox"/> Hospitalist | |

How did you learn about the meeting?

- | | | |
|---|--|--|
| <input type="checkbox"/> Colleague/friend | <input type="checkbox"/> Hospital medical staff office | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> News bulletin | <input type="checkbox"/> Web site | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> State/county medical association | <input type="checkbox"/> AMA eVoice | <input type="checkbox"/> Other _____ |

Whom do you represent at the meeting?

- | | | |
|--|---|---|
| <input type="checkbox"/> Medical staff | <input type="checkbox"/> Group practice | <input type="checkbox"/> Physician organization |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Specialty hospital | <input type="checkbox"/> Other _____ |

Certification of representative (if applicable)

I hereby certify that the physician named here is a member of the American Medical Association (AMA), an active voting member of the medical staff with clinical privileges at the hospital or health system/plan, and has been elected by the active, voting members of the medical staff as our representative to the AMA Organized Medical Staff Section (OMSS).

Signature of the president or secretary of the medical staff _____

Handbook

In order to receive your copy of the AMA-OMSS Assembly Meeting Handbook in advance of the meeting, all registration/certification forms must be received by the AMA Department of Organized Medical Staff Services no later than **Monday, May 21**. AMA House of Delegates Handbooks will be available on site.

Host hotel

The AMA-OMSS meeting will be held at the Palmer House Hilton, 17 E. Monroe St., Chicago; general phone: (312) 726-7500; fax: (312) 917-1707. For reservations (credit card only), call AMA/Experient at (800) 974-9833 (8 a.m.–5 p.m. CST, Monday–Friday), fax (800) 521-6017 or visit www.ama-assn.org/go/annual2007. Please complete the reservation form in this brochure and return as directed.

Emergency contact

Your name

Hotel

Room number

Your cell phone or beeper number

Emergency contact name

Emergency contact phone number

Conference registration form

Event selection

Check only the boxes of sessions/functions you will attend.
Space is limited!

Thursday, June 21

Medical staff leadership and practice management program

- 12:30–2 p.m. Medical staff leadership in today's environment:
What does it take?
- 2:15–3:45 p.m. Medical staff and trustee engagement:
A commitment to quality and safety
- 4–5:30 p.m. How the market influences and creates
opportunities for physician-hospital affiliation

AMA-OMSS new representative orientation

- 5:45–6:45 p.m.

AMA-OMSS advocacy forum

- 7–8:30 p.m. Employed physicians, the organized medical
staff and the AMA-OMSS: The power in a shared vision and
common goals

Friday, June 22

Luncheon—Washington update

- Noon–1 p.m. Program with lunch (\$47 per person)
- 12:15–1 p.m. Program only
- 1:15–2:15 p.m. AMA-OMSS open forum

AMA-OMSS education program

- 2:15–3:15 p.m. Physician-hospital relationships: Where allies,
not adversaries, prevail
- 3:30–4:30 p.m. Medicare reimbursement and the benefits of
coding correctly
- 4:45–5:45 p.m. Who will be there to care? Today's work
force issues

AMA Foundation reception (Hilton Chicago)

- 6–8 p.m.

Saturday, June 23

AMA-OMSS education program

- 8–9:30 a.m. Universal health care: The economic impact
on physicians

AMA-OMSS Representative Assembly business meeting

- 9:45 a.m.–noon

Group practice education program

What does Medicare pay for reporting mean for your group
practice? (Hilton Chicago)

- 1 p.m.–2:30 p.m. Program only
- Noon–2:30 p.m. Program with networking lunch
(\$40 per person)

Sunday, June 24

AMA-OMSS briefing and strategy session

- 6:45–7:45 a.m.

AMA-OMSS Reference Committee debriefing session

- 5–6 p.m.

Event registration

Name (please print or type) _____

Yes, I want a certificate of CME credit for this meeting.

- \$10 _____ \$_____

Yes, I want to attend the following:

- Friday luncheon \$47 x # ___ person(s) = \$_____
- Saturday networking lunch \$40 x # ___ person(s) = \$_____

Total amount, payable by check or credit card = \$_____

Please charge the full amount to my credit card:

- Mark the appropriate box. American Express
 MasterCard
 Visa
 Discover

Name on credit card _____

Credit card number _____

Expiration date _____

Signature _____

A check for this amount \$_____ has been sent to:

American Medical Association
515 N. State St., Chicago, IL 60610
Attn: Organized Medical Staff Services

*Note: Check is due on or before **June 8**. Please indicate for
which event(s) you are paying. Make checks payable to the
American Medical Association.*

Three ways to register!

1. Mail:

Department of Organized Medical Staff Services
American Medical Association
515 N. State Street
Chicago, IL 60610

2. Fax: (312) 464-5845

3. Online: www.ama-assn.org/go/omss

Hotel reservation form

AMA-OMSS 2007 Annual Assembly • June 21–24 • Palmer House Hilton

Please type or print:

All forms/phone reservations must be accompanied by a valid credit card for guarantee.

 First name Last name

 Mailing address (street, city, state, ZIP code)

 Phone number Fax number E-mail address

 Person sharing room

 Arrival date Departure date

Please send confirmation by: Fax E-mail

Charge payment

- Diners Club Visa
- MasterCard American Express
- Discover Check (made payable to AMA/Experient)

Room type

- Single.....\$199
- Double\$214

Special requests

- Nonsmoking room
- Double room/two beds
- Handicapped-equipped room

Guarantee to credit card

 Name on credit card

 Credit card number

 Expiration date (must be Nov. 26 or later)

 Signature

All reservations must be guaranteed against your valid credit card. Credit cards will be charged one night room and tax should reservation not be canceled 48 hours prior to arrival. Written confirmations will be sent by AMA/Experient.

Reservation deadline is Friday, May 25.

Above rates do not include a 15.4 percent city tax.

Check-in time is 3 p.m. Check-out time is 11 a.m.

Cancellation policy: 48 hours prior to arrival to avoid cancellation fee of one night room and tax.

Four ways to reserve a room!

1. Mail:

AMA/Experient
 108 Wilmot Road
 Suite 400
 Deerfield, IL 60015-5124

2. Phone: (312) 974-9833 *credit card only*
 8 a.m.–5 p.m. CST, Monday–Friday

3. Fax: (312) 521-6017 *credit card only*

4. Online: www.ama-assn.org/go/annual2007