Society for Medical Decision Making • New Member Application

100 North 20th Street, 4th floor • Philadelphia, PA 19103 • phone: 215-545-7697 • facsimile 215-545-8107
e-mail: smdm-office@lists.smdm.org • www.smdm.org

Applicant Mailing Address and Contact Information (please type):

❑ Dr. ❑ Mr. ❑ Ms.

First Name Last Name

Degree(s)

Institution/Organization/Company

Street Address

Suite or Room Number

City State/Province

ZIP/Postal Code

Country

@
E-mail address

( )
Daytime Telephone Number Ext.

( )
Fax Number

Primary Professional Setting (✓ one best answer):

❑ Academic Center/University
❑ Health Care Association
❑ State/Federal Government
❑ Hospital or Health Center
❑ Health System
❑ Device/Pharmaceutical Manufacturer
❑ Institute or Foundation
❑ For-Profit Research Organization
❑ Other _____

Benefits of Membership (partial list):

- One-year subscription to the bi-monthly journal *Medical Decision Making*.
- Quarterly *SMDM Newsletter*.
- Enrollment in the October 14–18, 2006 Annual Meeting in Boston at the discounted Member rate.
- Inclusion in and password-restricted access to the SMDM web-based membership directory and online archive to *MDM*.

Areas of Interest and Expertise (✓ up to 3 in each):

Interest	Expertise
❑	❑ Decision analysis and cost-effectiveness analysis
❑	❑ Cognitive aspects of decision making; judgment and decision psychology
❑	❑ Outcome and health status assessment
❑	❑ Assessment of patients' preferences, values, and utilities
❑	❑ Medical economics
❑	❑ Health care technology assessment
❑	❑ Risk, case mix, and severity of illness
❑	❑ Quality of care assessment and improvement
❑	❑ Biostatistics
❑	❑ Development and analysis of large databases
❑	❑ Biomedical ethics
❑	❑ Development and evaluation of practice guidelines
❑	❑ Expert systems and decision technologies
❑	❑ Medical and patient education
❑	❑ Health policy

Membership Type (choose one):

❑ Regular $195
❑ Trainee $115 *(a trainee verification letter from your program director is required with this form)*
❑ Emeritus $115

2-year Membership: ❑ Regular $380 ❑ Trainee $230 ❑ Emeritus $230
3-year Membership: ❑ Regular $585 ❑ Trainee $345 ❑ Emeritus $345

Payment:

❑ Visa ❑ MasterCard
❑ Amex ❑ Check (enclosed)

Account Number

Name on Card

Expiration Date

Signature of Cardholder

SMDM Tax ID Number: 31-0992960

If paying by credit card, you may fax your application to 215-545-8107. If paying by check, please make it payable to "SMDM" and mail it with this form to the administrative office at the address indicated above.