Course Registration & Travel Information

4 Ways to Register!

1. **Online** at **EMACourse.com**
2. **Call** (800) 458-4779 (9:00am-4:30pm ET, M-F)
3. **Fax** completed registration form to (610) 454-9494
4. **Mail** completed registration form to:

The Center for Medical Education, Inc.
P.O. Box 600
Creamery, PA 19430

Please Note: As long as it is safe to do so, we plan to present our 2021 live courses. Given the 2020 cancelations, the content for the 2021 courses remains the same.

All of our host hotels are known for their high standards and quality service. To facilitate registration, we encourage you make your hotel reservation via the Book Online link provided for each hotel on the **Dates & Locations** page on the course website. If you make your reservation by phone, be sure to mention that the reservation is under the "Passkey" system and that you are attending the ***2021 Emergency Medicine & Acute Care Course*** to receive the discounted room block rate. Quoted rates are for standard rooms unless otherwise mentioned.

Course Registration Cancellation Refund Policy: Cancellations must be made to the Center for Medical Education via phone (1-800-458-4779), fax (1-610-454-9494) or email (support@ccme.org) **prior** to the start date of the registered course and will be charged a $35 cancellation fee.

Pricing

	Full Tuition	Early Bird Tuition
Physician for MD, DO, MBBS, etc.	**$745**	**$695**
Resident, PA, NP, RN, etc.* and other members of the medical team	**$645**	**$595**

*For residents, a letter verifying residency status by the departmental chair or program director must accompany your registration to receive the discounted tuition. We require nurses, NPs and PAs to provide a copy of their license to receive the discounted tuition.

We urge you to make your hotel reservations as early as possible. If the block of rooms fills prior to the cut-off date or you book after the cut-off date, the reduced rates cannot be guaranteed. We cannot assure additional rooms if the block fills. Hotel cut-off dates are generally 4 weeks before the start of the course.

Select Course Location

Course Location	Course Dates	Early Bird Deadline	Hotel	Reservation Phone #	Room Rate/Night & Deadline
☐ New Orleans, LA	April 28 – May 1, 2021 (Jazz Fest)	March 16, 2021	Sheraton New Orleans	(888) 627-7033	$259 (March 30, 2021 cut-off)
☐ Hilton Head, SC	May 5–8, 2021	March 23, 2021	Hilton Head Marriott Resort & Spa	(800) 228-9290	$194/$214/$234 (April 6, 2021 cut-off)*
☐ San Francisco, CA	June 3–6, 2021	April 21, 2021	Marriott Fisherman's Wharf	(800) 228-9290	$219 (April 30, 2021 cut-off)
☐ San Diego, CA	June 8–11, 2021	April 26, 2021	Coronado Island Marriott Resort & Spa	(800) 228-9290	$259 (May 7, 2021 cut-off)
☐ New York, NY	June 16–19, 2021	May 4, 2021	New York Marriott Marquis	(877) 303-0104	$379 (May 26, 2021 cut-off)
☐ Kauai, Hawaii	June 22–26, 2021	May 10, 2021	Sheraton Kauai Resort	(888) 627-8113	$369/$469/$769 (May 20, 2021 cut-off)**
☐ Vancouver, BC, Canada	July 20–23, 2021	June 7, 2021	The Westin Bayshore, Vancouver	(800) 937-8461	$415(CAD†) (June 19, 2021 cut-off)
☐ Las Vegas, NV	October 2-5, 2021	August 20, 2021	Planet Hollywood Resort & Casino	(866) 317-1829	$139 (September 1, 2021 cut-off)
☐ Key West, FL	Nov. 29 – Dec. 3, 2021	October 17, 2021	Casa Marina Waldorf Astoria Resort	(888) 303-5717	$299/$510 (Oct. 26, 2021 cut-off)***

Note: Hotels with resort fees have either been waived or reduced through our negotiations. Please visit the **Dates & Locations** page on the course website for details regarding these fees and for direct reservation links to the hotels to facilitate registration.

* $194 for **Island View** / $214 for **Ocean View** / $234 for the **Oceanfront View**
** $369 for the **Delux Oceanfront** / $469 for the **Luxury Oceanfront** / $769 for the **Delux Oceanfront Suit**
*** $299 for a **Standard Room** / $510 for a **One Bedroom Ocean Suite**

† (CAD) = Canadian Dollars

Registrant & Billing Information

First Name _____ Last Name _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Email _____ Phone _____

Title (check one): ☐ Physician - MD / DO (Circle One) ☐ Resident - MD / DO (Circle One) ☐ Physician Assistant - PA
☐ Registered Nurse - RN ☐ Nurse Practitioner - NP ☐ Other _____

☐ Check # _____
Made payable to "Center for Medical Education" in U.S. funds

☐ Visa
☐ Mastercard

Credit Card Number _____ - _____ - _____ - _____

Expiration Date _____ CVV# ☐☐☐ (Last 3 numbers on the back of Visa and Mastercard credit cards)