REIMBURSEMENT CODING CONFERENCES

Nashville, TN
January 22-26, 2018

Learn more at www.acep.org/rc

REGISTER ONLINE	REGISTER BY PHONE	REGISTER BY FAX	REGISTER BY MAIL
www.acep.org/rc	844-381-0911	972-999-4624 *(Available 24 hours)*	ACEP Meeting Registration PO Box 619911 Dallas, TX 75261-9911

1 REGISTRATION FEES—HOTEL ROOM NOT INCLUDED

	☐ Reimbursement: Trends and Strategies in Emergency Medicine, January 22-24		☐ Advanced Procedure Coding for Emergency Medicine, January 24-26	
	With promo code MUSIC before 12/22	Regular price	With promo code MUSIC before 12/22	Regular price
ACEP Member	☐ $700	☐ $800	☐ $570	☐ $670
Add'l Member Same Inst*	☐ $590	☐ $690	☐ $530	☐ $630
Non-Member Physician	☐ $890	☐ $990	☐ $720	☐ $820
Add'l Non-Member Physician Same Inst*	☐ $780	☐ $880	☐ $650	☐ $750
ACEP Member Resident	☐ $500	☐ $600	☐ $370	☐ $470
Non-Member Resident/Resident Fellow**	☐ $530	☐ $630	☐ $430	☐ $530
Physician Assistant	☐ $530	☐ $630	☐ $430	☐ $530
Nurse/NP	☐ $530	☐ $630	☐ $430	☐ $530
Billing/Coding Professional	☐ $780	☐ $880	☐ $670	☐ $770
Add'l Billing/Coding Professional*	☐ $680	☐ $780	☐ $580	☐ $680
Consultant	☐ $780	☐ $880	☐ $690	☐ $790
Add'l Consultant*	☐ $680	☐ $780	☐ $600	☐ $700

☐ Yes, I would like to register for a Reimbursement/Coding webinar. (additional $99 each)
☐ January 9, 2018 ☐ May 8, 2018

* The additional member, non-member same institution, and additional billing/coding professional or consultant fee is applicable when registering three or more paid registrants from the same institution or group. The three or more registrations must be mailed together and full payment must be included. ** Letter of verification required.

2 CONTACT INFORMATION

NAME (Last, First, Middle) _____ ACEP ID NUMBER _____ NATIONAL PROVIDER IDENTIFIER (NPI) _____

TITLE (MD, DO, RN, NP, LVN, EMT, PARA, PhD, RPh, PharmD, PA, FACEP) _____ NICKNAME FOR BADGE (If different) _____

MAILING ADDRESS _____ CITY/STATE/COUNTRY/ZIP+4 _____

PREFERRED TELEPHONE NUMBER (Including area code) _____ E-MAIL ADDRESS (Required for ACEP confirmation & evaluation correspondence only) _____

3 EMERGENCY CONTACT *(Please print or type)*

NAME (Last, First, Middle) _____ TELEPHONE NUMBER _____ RELATIONSHIP _____

4 PAYMENT METHOD *(Payment is due at time of registration)*

☐ Please charge my credit card: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express
☐ My check for $_____ is enclosed (Payable to ACEP in US currency only)

NAME AS IT APPEARS ON CARD (Please Print) _____ CARD NUMBER _____ EXPIRATION DATE _____

SECURITY CODE _____ ZIP CODE OF BILLING ADDRESS _____ SIGNATURE _____

CANCELLATIONS. Full conference registration, less the $100 cancellation fee, is refundable only if submitted in writing to meetingregistrar@acep.org on or 30 days prior to the beginning of the conference. Registrations and cancellations received after 30 days are not refundable. Exceptions will be made for family emergencies and must be submitted in writing to meetingregistrar@acep.org. For these instances, the registration fee, less the $100 administrative fee will be refunded. You cannot reinstate a registration after you cancel. If you cancel and are entitled to a refund, expect the refund within 30 days. All refunds will be issued back to the original payment type. Cash payments will be refunded by check.

QUESTIONS OR INFORMATION EMAIL: meetingregistrar@acep.org