REGISTRATION FORM

Register online at
www.EMBootCamp.com

To obtain more information by phone,
call 1-800-458-4779.
(9:00am-4:30pm ET, M-F)

ORIGINAL EMERGENCY MEDICINE BOOT CAMP
THE CORE EM KNOWLEDGE BASE

Mail Completed Form To:
The Center for Medical Education, Inc.
P.O. Box 600
Creamery, PA 19430 USA

or Fax Your Form To:
(888) 329-8626

Main Course Pricing

	Full Tuition	Early Bird Tuition
PAs / NPs / RNs / Residents	**$695**	**$645***
Physicians	**$795**	**$745***

*Early bird tuition deadline dates are located in the "Select Location" section below.

Did You Know?

You Can Now Attend the Original EM Boot Camp Workshops Without Registering for the Main Course!

Workshop Pricing

	PAs / NPs / RNs / Residents	Physicians
Emergency Ultrasound Workshop	**$895**	**$995**
Emergency Procedures Workshop	**$645**	**$645**
Morning Advanced EM Pharmacology Workshop (Part 1)	**$165**	**$165**
Afternoon Advanced EM Pharmacology Workshop (Part 2)	**$165**	**$165**
Advanced EM Pharmacology Workshops (Parts 1 & 2 Bundle)	**$295**	**$295**

Bundle and Save! Register for Part 1: Morning Session and Part 2: Afternoon Session for $295 (A $35 Savings).

Registrant Information

First Name _____ Last Name _____

Home Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Email _____

Home Phone _____ Work Phone _____

Title (check one): ☐ Physician - MD ☐ Physician - DO ☐ Physician Assistant - PA ☐ Nurse Practitioner - NP ☐ Registered Nurse - RN
☐ Resident - MD ☐ Resident - DO

Select Location (Select One)

☐ **Las Vegas, Nevada: July 21-24, 2020**
Main Course
Planet Hollywood Resort & Casino
Early Bird Rate Deadline: June 8, 2020 by 9 PM PDT.

☐ **Las Vegas, Nevada – July Workshops Only**
Register me for the selected workshops and not the main course.

☐ **Las Vegas Nevada: December 1-4, 2020**
Main Course
Planet Hollywood Resort & Casino
Early Bird Rate Deadline: October 19, 2020 by 9 PM PDT.

☐ **Las Vegas, Nevada – December Workshops Only**
Register me for the selected workshops and not the main course.

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Registrant Information

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Workshops

Emergency Ultrasound Workshop (Select One)

Special Offer: Attend the July 19th or November 29th Ultrasound Workshop and receive free tuition to the Advanced EM Pharmacology Workshops (a $295 value) on the following day, July 20th or November 30th. Please call the office at 800-458-4779 for more details.

☐ **Emergency Ultrasound Workshop (Full-Day)**
(July 19th, 8:00am-5:45pm) / (November 29th, 8:00am-5:45pm)

☐ **Emergency Ultrasound Workshop (Full-Day)**
(July 20th, 8:00am-5:45pm) / (November 30th, 8:00am-5:45pm)

Note: Each full-day session can accommodate a maximum of 40 participants. Register early while spots are open.

Emergency Procedures Workshop (Select One)

☐ **Morning Emergency Procedures Workshop (Half-Day)**
(July 20th, 8:00am-12:30pm) / (November 30th, 8:00am-12:30pm)

☐ **Afternoon Emergency Procedures Workshop (Half-Day)**
(July 20th, 1:30pm-6:00pm) / (November 30th, 1:30pm-6:00pm)

Note: Each half-day session can accommodate a maximum of 40 participants. We reserve the right to reassign you to either the morning or afternoon session (we will notify and get your approval in advance). When the Procedures Workshops are full, there may be opportunities to add additional attendees in the event of cancellations. Please call the office for availability at 800-458-4779.

Advanced EM Pharmacology Workshops (Select Part 1, Part 2 or Both)

Bundle and Save! Register for Part 1: Morning Session AND Part 2: Afternoon Session for $295 (A $35 Savings).

☐ **Morning Advanced EM Pharmacology Workshop (Part 1)**
(July 20th, 8:00am-12:15pm) / (November 30th, 8:00am-12:15pm)

☐ **Afternoon Advanced EM Pharmacology Workshop (Part 2)**
(July 20th, 1:45pm-6:00pm) / (November 30th, 1:45pm-6:00pm)

☐ **Advanced EM Pharmacology Workshops (Parts 1 & 2 Bundle)**
(July 20th, **Part 1** @ 8:00am-12:15pm & **Part 2** @ 1:45pm-6:00pm)
(November 30th, **Part 1** @ 8:00am-12:15pm & **Part 2** @ 1:45pm-6:00pm)

Billing Information

Credit Card Number _____ - _____ - _____ - _____

Expiration Date _____ CVV# ☐☐☐ (Last 3 numbers on back of Visa and MasterCards)

☐ Visa

☐ MasterCard

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

First Name of Authorized Cardholder _____

Last Name of Authorized Cardholder _____

Billing Address _____

Billing City _____ Billing State/Province _____ Billing Zip/Postal Code _____

Billing Country _____ Billing Email _____