

REGISTRATION FORM

Register online at
www.EMBootCamp2.com

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



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
PA's / NP's / RN's / Residents	\$695	\$645*
Physicians	\$795	\$745*

*Early Bird Rate Deadline: July 11, 2022 by 9 PM PDT.

Workshop Pricing (Optional Add-Ons)

	Tuition
ECG Boot Camp	\$145*
Imaging Boot Camp	\$145*

*Must attend the main course to add a workshop
Bundle and Save! Register for both workshops and receive the 2nd for only \$115 (a \$30 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

Course Dates & Workshop Options

Advanced EM Boot Camp (Main Course)

August 23–25, 2022 (3 Days)
Caesars Palace, Las Vegas, NV

Half-Day Workshops (Optional Add-Ons)

Yes! Register me for the below workshops on August 22nd.
(Check all that apply)

☐ **ECG Boot Camp**
(7:45am-12:15pm)

☐ **Imaging Boot Camp**
(1:15pm-6:00pm)

Discounted Room Rate

A block of rooms has been reserved at the discounted rate of **\$129/night + resort fee (optional at check-in) + tax** at Caesars Palace Hotel & Casino. Call the Caesars Palace reservationist at (866) 227-5944 and mention that you are attending the *Advanced Emergency Medicine Boot Camp Course* under the "Passkey" system to receive the room block rate. Mention group code: SCEMB2 (Note: All reservations made by phone will be assessed a \$15 fee. A direct reservation link is provided on the the course website to avoid this fee)

Reserve a room before **July 22, 2022** to receive the discounted rate. Once the block is full, this reduced rate will no longer apply, regardless of the cut-off date.

Billing Information

Credit Card Number _____ - _____ - _____ - _____

Expiration Date _____ CVV# _____ (Three-digit number on the back of Visa and MasterCard)
(Four-digit number on the front of American Express Cards)

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 _____

☐ Visa ☐ Check # _____

☐ MasterCard

☐ American Express

Made payable to
"The Center for Medical
Education" in U.S. funds