REGISTRATION FORM

EDBAconference.com

To register by phone, please call (800) 458-4779
(9:00am-4:30pm ET, M-F)

Innovations in EMERGENCY DEPARTMENT MANAGEMENT 2020

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

Tuition

The tuition has been structured to encourage hospitals or related companies to send teams of individuals who are integral to the function of their emergency department. When registering as a group, a single check or credit card needs to serve as payment for the group, otherwise individual registration rates apply. Please designate one person to serve as the conference liaison for the group.

☐ **One Attendee: $895** ☐ **Two: $1,690** (Save $100) ☐ **Three: $2,435** (Save $250)

☐ **Four: $3,130** (Save $450) ☐ **Five: $3,775** (Save $700) ☐ **Six: $4,370** (Save $1,000)

Note: If more than six people plan to attend from one hospital or group, please call our office at (800) 458-4779 for special pricing.

Designated Attending Liaison / Registrant Information

Name _____ Suffix ____ Business Title _____ Phone _____

Designated Course Liaison From Your Hospital or Group

Hospital / Company Name _____ Email _____

Address _____ City _____ State _____ ZIP _____

Name _____ Suffix _____ Business Title _____ Email _____

Name _____ Suffix _____ Business Title _____ Email _____

Name _____ Suffix _____ Business Title _____ Email _____

Name _____ Suffix _____ Business Title _____ Email _____

Name _____ Suffix _____ Business Title _____ Email _____

Course Dates & Location

April 7–9, 2020
New Orleans, Louisiana

New Orleans Marriott
555 Canal Street, New Orleans, LA 70130

Discounted Room Rate

A block of rooms has been reserved at the discounted rate of **$179/night + tax** at the New Orleans Marriott. We urge you to make hotel reservations via the reservation link provided on the course website. You may make reservations by phone by calling the New Orleans Marriott reservationist at **(800) 654-3990** and mention that you are attending the *Innovations in Emergency Department Management Conference* under the "Passkey" system to receive the room block rate.

Please Note: The cut-off date to receive the discounted room rate is **March 18, 2020**. Once the block is full, the reduced rate will no longer apply, regardless of the cut-off date.

Billing Information

Credit Card Number _____ - _____ - _____ - _____

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

First Name of Authorized Cardholder _____

Last Name of Authorized Cardholder _____

☐ Visa

☐ Mastercard

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

Billing Address _____

Billing City _____ Billing State/Province _____

Billing Zip/Postal Code _____ Billing Country _____

Billing Email _____