

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

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

Dates & Location

Please select the course(s) you will be registering for. You can attend the ED Design Mini-Course without registering for the Main Course.

☐ **Main Course**

April 11–13, 2023
Phoenix, Arizona
Renaissance Phoenix Downtown Hotel

☐ **ED Design Mini-Course**

April 13–14, 2023
Phoenix, Arizona
Renaissance Phoenix Downtown Hotel

Main Course Pricing

The pricing 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 Attendees: \$1,690 (Save \$100)**

☐ **Three Attendees: \$2,435 (Save \$250)**

☐ **Four Attendees: \$3,130 (Save \$450)**

☐ **Five Attendees: \$3,775 (Save \$700)**

☐ **Six Attendees: \$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. Box lunch is provided.

(Main Course) 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 _____

ED Design Mini-Course Pricing (Optional Registration)

Extend your stay by one day and join us for our 10-hour ED Design Mini-Course. Hear lectures focusing on planning and designing your new emergency department with all of the latest design strategies. 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: \$245**

☐ **Two Attendees: \$460 (Save \$30)**

☐ **Three Attendees: \$675 (Save \$60)**

☐ **Four Attendees: \$880 (Save \$100)**

☐ **Five Attendees: \$1,075 (Save \$150)**

☐ **Six Attendees: \$1,260 (Save \$210)**

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(ED Design Mini-Course) 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 _____

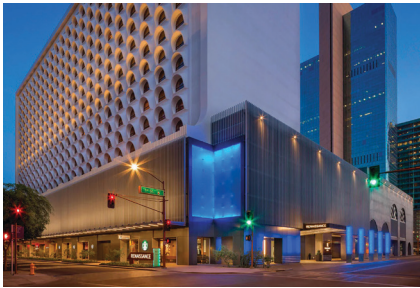
Name _____ Suffix _____ Business Title _____ Email _____

Name _____ Suffix _____ Business Title _____ Email _____

Name _____ Suffix _____ Business Title _____ Email _____

Name _____ Suffix _____ Business Title _____ Email _____

Hotel Information



Renaissance Downtown Phoenix Hotel

100 N 1st St, Phoenix, AZ 85004

Discounted Room Rate

A block of rooms has been reserved at the discounted rate of **\$259/night + tax** at the Renaissance Phoenix Downtown Hotel. You may make reservations by phone by calling the Renaissance Phoenix Downtown Hotel reservationist at **(800) 468-3571** or **(602) 333-0000** and mention that you are attending the *Innovations in Emergency Department Management Conference* to receive the room block rate. A reservation link can also be found on the "Location" page of the course website to help facilitate the room reservation process.

Note: The cut-off date to receive the discounted room rate is **March 20, 2023**. 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# Three-digits on the back of Visa or MasterCard.
Four-digits 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 ☐  MasterCard

☐  American Express

☐ Check # _____

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