SAVE $100 | When you register with promo code **WASHINGTON** before September 29

Scientific Assembly 17
WASHINGTON, DC

REGISTRATION

Register Online
acep.org/acep17

Register by Phone
800-798-1822

Register by Fax
972-580-2816
(available 24 hours)

Register by Mail
ACEP Meeting Registration
PO Box 619911
Dallas, TX 75261-9911

1 CONTACT INFORMATION (For use by ACEP, Exhibitors, innovatED, Product Showcase and Satellite Symposium supporters. Please print or type.)

NAME (Last, First, Middle)

ACEP ID NUMBER

NATIONAL PROVIDER IDENTIFIER (NPI)

TITLE (MD, DO, RN, NP, LVN, EMT, PARA, PhD, PharmD, PA, FACEP)

NICKNAME FOR BADGE (If different)

TWITTER HANDLE

MAILING ADDRESS

CITY / STATE / COUNTRY / ZIP+4

PREFERRED TELEPHONE NUMBER (Including Area Code)

EMAIL ADDRESS (Required for ACEP confirmation and evaluation corrospondence only

2 EMERGENCY CONTACT (Please print or type.)

NAME (Last, First, Middle)

TELEPHONE NUMBER

RELATIONSHIP

3 GUEST BADGE INFORMATION *(1 Guest Per Registrant)* Guests may visit the exhibits. Seperate registration required to attend courses.

GUEST NAME (Last, First, Middle)

4 COURSE SELECTION – Create your schedule.

SU Sunday October 29

	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00
1st Choice	Opening Session			Visit the Exhibits										Visit the Exhibits					
2nd Choice																			

MO Monday October 30

	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00
1st Choice							Visit the Exhibits							Visit the Exhibits					
2nd Choice																			

TU Tuesday October 31

	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00
1st Choice							Visit the Exhibits							Visit the Exhibits					
2nd Choice																			

WE Wednesday November 1

	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30
1st Choice										
2nd Choice										

If you are disabled and require assistance while attending ACEP17, please call 800-798-1822

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. All Lab cancellations received after 30 days will not be refunded. 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 cancellation 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.

FOR QUESTIONS OR INFORMATION, E-MAIL: MEETINGREGISTRAR@ACEP.ORG

NAME (Last, First, Middle) _____ ACEP ID NUMBER _____

5 REGISTRATION FEES (Please check all appropriate boxes.)

Four-Day Registration | October 29 - November 1 | Sunday - Wednesday

	With Promo Code: **WASHINGTON**	Regular Price
☐ ACEP Member	$725	$825
☐ ACEP Resident Member	$395	$495
☐ ACEP Member Medical Student	$125	$225
☐ Honorary/Life Member	$475	$575
☐ Physician Non-Member	$1495	$1,595
☐ Non-Member Resident	$475	$575
☐ Non-Member Medical Student	$195	$295
☐ SEMPA Member	$385	$485
☐ Nurse/NP/PA/EMT/Para/Pharm	$445	$545
☐ Admin/Other	$995	$1,095
☐ Representative of Developing Countries	$425	$525
☐ International Non-Member	$750	$850
☐ Exhibits Only	$150	$150
☐ Flexible Hourly Registration (fee per CME course) Councillor/Alternate Councillor or 2016-17 Committee Member Must register for a minimum of four courses	$75	$75

Pre-Conference | October 28 | Saturday

Procedural Cadaver Lab
- ☐ 8:00 am. $1,195
- ☐ 1:30 pm. $1,195

Counter-Narcotics and Terrorism Operational Medical Support (CONTOMS)
- ☐ Medical Director's Course $225

Emergency Ultrasound Management Course
- ☐ Core. $300
- ☐ Advanced $300

Improving the Value of Acute and Emergency Care: Frontline Innovation
- ☐ ACEP Member $89
- ☐ Non-Member $139
- ☐ Resident Member $69

Mass Casualty Medical Operations Management
- ☐ Physician $225
- ☐ EMS/RN $150

Virtual ACEP17

☐ Member	$259
☐ Non Member	$359
☐ International	$199

Special Functions & Events

☐ President's Awards Gala | Oct. 28	$125
☐ Dine Around Washington DC	$100
☐ EMF VIP Reception	$125
☐ Schumacher Clinical Partners Presents the ACEP17 Kickoff Party | Oct. 29 ☐ Guest	FREE with Registration
☐ ACEP17 Closing Celebration, presented by Envision Physician Services | Oct. 31 ☐ Guest	FREE with registration

Labs

☐ Advanced Airway Techniques Lab	$185
☐ Advanced Bedside Echocardiography Lab	$185
☐ Alternatives to Opioids for Pain Management Lab	$185
☐ Critical Care Emergency Ultrasound Lab	$185
☐ Emergent Vaginal Delivery Lab	$185
☐ Pediatric Procedures Lab	$185
☐ Procedural Ultrasound Lab	$185
☐ REBOA Lab	$185
☐ Simulation Lab ABCs	$250
☐ Slit Lamp Skills Lab	$185
☐ Transvenous Pacemaker Lab	$185
☐ Ultrasound-Guided Regional Anesthesia Lab	$185

Enter subtotals of selections from each section, then add to get total fees

Four-Day Registration Fees $ _____

Special Functions & Events $ _____

Pre-Conference $ _____

Labs $ _____

Virtual ACEP $ _____

ACEP17 FEE TOTAL $ _____

Register Online for a single day of courses, as an ACEP Research Forum Presenter or for a pre-conference event only. Please visit **acep.org/ACEP17** to reserve your spot.

6 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 _____