

WORK★HARD



PLAY★HARD



THE 28TH ANNUAL Emergencies in Medicine CONFERENCE

PARK CITY, UTAH ★ FEBRUARY 28-MARCH 5, 2010

Conference Group Registration

CONFERENCE RATES

Early Bird Until September 1, 2009

Physician, Hospital Administrator	\$495
Resident, Physician Assistant	\$195
Nurse, Nurse Practitioner	\$195
Paramedic, Student*	\$195
Industry	\$495

Paid after September 1, 2009

Physician, Hospital Administrator	\$645
Resident, Physician Assistant	\$345
Nurse, Nurse Practitioner	\$345
Paramedic, Student*	\$345
Industry	\$645

Group discount: 5% discount for groups of 5 to 14 participants, 10% discount for groups larger than 15. All groups must register and pay together using this form.

*Medical, Nursing, and EMS Students to receive discount pricing, send a photocopy or fax of your student picture ID with this registration form. Be prepared to present your student ID at the conference.

CREDIT STATEMENT

Physician Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Medical Education Resources and the Center for Healthcare Education. Medical Education Resources is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

Medical Education Resources designates this educational activity for a maximum of 24 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

A full refund of your tuition will be made as long as written notice of your cancellation is received prior to September 1, 2009. After September 1, 2009 a \$50 cancellation fee will be assessed. There is no refund after December 1, 2009.

EIM is not responsible for any hotel or transportation charges that may result due to cancellation of registration.

To register, fill out the registration form and mail or fax to:

Michael Szuch
Center for Healthcare Education, Inc.
731 S. Highway 101, Suite 17
Solana Beach, CA 92075

Fax: 858-345-1153

E-mail: mrszuch@checourse.com

★ EmergenciesInMedicine.com ★

For additional information, call Michael Szuch at 858-345-1103
or email mrszuch@checourse.com



THE 28TH ANNUAL
Emergencies in Medicine
 C O N F E R E N C E

Group Registration Form

Please print. List all group members below. Print additional forms as needed.

1)	First Name	Last Name	Email
	Title	Degree (Physician, Resident, PA, Nurse, Student)	Specialty
2)	First Name	Last Name	Email
	Title	Degree (Physician, Resident, PA, Nurse, Student)	Specialty
3)	First Name	Last Name	Email
	Title	Degree (Physician, Resident, PA, Nurse, Student)	Specialty
4)	First Name	Last Name	Email
	Title	Degree (Physician, Resident, PA, Nurse, Student)	Specialty
5)	First Name	Last Name	Email
	Title	Degree (Physician, Resident, PA, Nurse, Student)	Specialty

TUITION
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
TOTAL \$ _____

Method of Payment

Check (payable to: Center for Healthcare Education, Inc.) AMEX VISA Mastercard

Credit Card Number	Exp. Date	3 Digit Code**
Card Holder's Name		Telephone
Institution		
Billing Address		
City	State	Zip

**VISA/MC=3-digit code located on back of card; AmEx=4-digit code located on front of card