

2019 WA-ACEP Summit to Sound Northwest Emergency Medicine Assembly

REGISTRATION (please type or print clearly)

Full Name _____ Name for Badge _____

ED Group/Hospital _____

Address _____

City/State/Zip _____

Phone _____ Email _____

E-mail address is required to receive a confirmation/receipt and your e-syllabus

Conference registration fee includes tuition, e-syllabus, welcome reception, as well as breakfasts, AM/PM breaks, and lunches. Please register separately for the Pre-Conference Workshops.

	<u>Postmarked Before March 1</u>	<u>Postmarked After March 1</u>	
Conference Registration			
<input type="checkbox"/> Member Physician	\$325	\$355	_____
<input type="checkbox"/> Non-Member Physician	\$425	\$455	_____
<input type="checkbox"/> Allied Health Professional	\$225	\$255	_____
<input type="checkbox"/> EMT/Paramedic	\$225	\$255	_____
<input type="checkbox"/> Retired	\$125	\$155	_____
<input type="checkbox"/> Resident/Student	\$50	\$80	_____
<input type="checkbox"/> Ride Seattle's Great Wheel April 4	\$15	\$17	_____

One Day Only Registration					
<input type="checkbox"/> Mbr Physician	<input type="checkbox"/> April 3	<input type="checkbox"/> April 4	\$175	\$205	_____
<input type="checkbox"/> Non Mbr Physician	<input type="checkbox"/> April 3	<input type="checkbox"/> April 4	\$275	\$305	_____
<input type="checkbox"/> Allied Health Pro.	<input type="checkbox"/> April 3	<input type="checkbox"/> April 4	\$110	\$140	_____
<input type="checkbox"/> EMT/Paramedic	<input type="checkbox"/> April 3	<input type="checkbox"/> April 4	\$110	\$140	_____
<input type="checkbox"/> Retired	<input type="checkbox"/> April 3	<input type="checkbox"/> April 4	\$50	\$80	_____
<input type="checkbox"/> Resident/Student	<input type="checkbox"/> April 3	<input type="checkbox"/> April 4	\$25	\$55	_____

Pre-Conference Workshops – April 3, 2019

<input type="checkbox"/> Ultrasound Vascular Access	<i>9-11:30 am</i>	\$125	\$150	_____
<input type="checkbox"/> Ultrasound Regional Blocks Workshop	<i>1-3:30 pm</i>	\$125	\$150	_____

Ride the Great Wheel – Thursday, April 4 after the reception

Ticket cost \$15/each How many? _____ x \$15 _____

TOTAL ENCLOSED: _____

PAYMENT: Mail to WA/ACEP, 2001 Sixth Avenue, Ste 2700, Seattle, WA 98121

Enclosed is my check made payable to: **WA/ACEP**

Credit Card Payment: (Visa or MasterCard Only) Mail to address above or Fax to 206-441-5863

Print Name: _____

CC#: _____ Exp Date: _____

Signature: _____

CANCELLATION POLICY: We must receive written notification of your cancellation. A \$50 processing fee will be deducted from the registration refund. No refunds will be issued after March 1, 2019.

Registration Information: One registration form per person is required. Please type or print clearly. Your name badge will reflect the information you provide on the registration form. A registration confirmation will be emailed to you.