

REGISTRATION FORM

Register Online
www.EMAcourse.com

To obtain more information by phone,
call 1-800-458-4779.
(9am-5pm ET, M-F)



EMERGENCY MEDICINE & ACUTE CARE

— 2025 COURSE —

Mail Completed Form

The Center for Medical Education, Inc.
P.O. Box 600
Creamery, PA 19430 USA

Fax Your Form

(888) 329-8626

All of our host hotels are known for their high standards and quality service. To facilitate registration, we encourage you make your hotel reservation via the [Book Online](#) link provided for each hotel on the **Dates & Locations** page on the course website. If you make your reservation by phone, be sure to mention that the reservation is under the "Passkey" system and that you are attending the **Emergency Medicine & Acute Care Course** to receive the discounted room block rate. Quoted rates are for standard rooms unless otherwise mentioned.

Registration Refund/Cancellation Policy: Cancellations must be made to The Center for Medical Education via phone (800) 458-4779, fax (610) 454-9494, or email support@cmce.org prior to the start date of the registered course and will be charged a \$50 cancellation fee.

Pricing

	Full Tuition	Early Bird Tuition
Physician for MD, DO, MBBS, etc.	\$895	\$795
Resident, PA, NP, RN, etc.* and other members of the medical team	\$795	\$695

* For residents, a letter verifying residency status by the departmental chair or program director must accompany your registration to receive the discounted tuition. We require nurses, PAs, and NPs to provide a copy of their license to receive the discounted tuition.

We urge you to make your hotel reservations as early as possible. If the block of rooms fills prior to the cut-off date or you book after the cut-off date, the reduced rates cannot be guaranteed. We cannot assure additional rooms if the block fills. Hotel room block rate cut-off dates are generally 4 weeks before the start of the course.

Select Course Location

Course Location	Course Dates	Early Bird Tuition Deadline	Hotel	Reservation Phone #	Room Rate/Night & Deadline
<input type="checkbox"/> Key West, FL	December 2-6, 2024	October 20, 2024	Casa Marina Key West, Curio Collection by Hilton	(888) 303-5717	\$514 (October 28, 2024 cut-off)
<input type="checkbox"/> Vail, CO	March 10-14, 2025	January 26, 2025	The Hythe, a Luxury Collection Resort, Vail	(800) 228-9290	\$449 (February 7, 2025 cut-off)
<input type="checkbox"/> Maui, HI	March 10-14, 2025	January 26, 2025	Wailea Beach Resort - Marriott Maui	(888) 797-1913	\$529 \$629 (February 28, 2025 cut-off) *
<input type="checkbox"/> New Orleans, LA	April 30-May 3, 2025 (Jazz Fest)	March 18, 2025	New Orleans Marriott	(888) 654-3990	\$279 \$259 (April 8, 2025 cut-off) **
<input type="checkbox"/> Hilton Head, SC	April 30-May 3, 2025	March 18, 2025	Hilton Beachfront Resort Hilton Head Island	(843) 686-8400	\$259 \$279 \$329 (March 29, 2025 cut-off) ***
<input type="checkbox"/> San Diego, CA	June 4-7, 2025	April 22, 2025	Coronado Island Marriott Resort & Spa	(800) 228-9290	\$299 (May 13, 2025 cut-off)
<input type="checkbox"/> New York, NY	June 18-21, 2025	May 6, 2025	New York Marriott Marquis	(877) 303-0104	\$379 (May 27, 2025 cut-off)
<input type="checkbox"/> Key West, FL	December 1-5, 2025	October 19, 2025	Casa Marina Key West, Curio Collection by Hilton	(888) 303-5717	\$524 (October 28, 2025 cut-off)

Note: Hotels with resort fees have either been waived or reduced through our negotiations. Please visit the **Dates & Locations** page on the course website for details regarding these fees and for direct reservation links to the hotels to facilitate registration.

* \$529/night for the **Garden View Room** | \$629/night for the **Partial Ocean View Room**

** \$279/night for **Two Double Beds** | \$259/night for a **King Bed**

*** \$259/night for the **Resort View Room** | \$279/night for the **Ocean View Room** | \$329/night for the **Oceanfront Room**

Registrant & Billing Information

First Name _____ Last Name _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Email _____ Phone _____

Title (check one): Physician - MD / DO (Circle One) Resident - MD / DO (Circle One) Physician Assistant - PA
 Registered Nurse - RN Nurse Practitioner - NP Other _____ (please specify)

Visa Credit Card Number _____ - _____ - _____ - _____

MasterCard Expiration Date _____

American Express CVV# If you have a Visa or MasterCard, you will find the three-digit credit card CVV number on the back. If you have an American Express Card, you will find the four-digit credit card CVV number on the front.

Check # _____

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