

24th Annual

THE NATIONAL EMERGENCY MEDICINE BOARD REVIEW COURSE

REGISTRATION FORM www.EMBoards.com

To obtain more information or to register
by phone, please call 1-800-458-4779
(9:00am-4:30pm ET, M-F)

Mail Completed Form To:
The Center for Medical Education, Inc.
P.O. Box 600
Creamery, PA 19430 USA

or Fax Your Form To:
1-888-329-8626

Course Pricing

	Tuition
Physician	\$1,195
Resident*/PA*/NP*/RN*	\$895

* 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, NPs and PAs to provide a copy of their license to receive the discounted tuition.

Add-On Item (Optional add-on item)

BIZ BUZZ Rapid EM Board Review Flashcards (Additional \$75)

Please Note: BIZ BUZZ flashcards are only \$75 if purchased in advance or \$89 on-site. BIZ BUZZ flashcards purchased in advance will be shipped in approximately 4-7 business days from the date of registration.



Registrant Information

First Name _____ Last Name _____
Home Address _____
City _____ State/Province _____
Zip/Postal Code _____ Country _____
Email _____
Home Phone _____ Work Phone _____

Title (Check one): Physician - MD Physician - DO Physician Assistant - PA Nurse Practitioner - NP Registered Nurse - RN
 Resident - MD Resident - DO

Course Dates & Locations (Please select)

- February 25 – 28, 2020**
Las Vegas, Nevada (Paris Hotel & Casino)
- August 12 – 15, 2020**
Baltimore, Maryland (Renaissance Baltimore Harborplace Hotel)
- August 24 – 27, 2020**
Las Vegas, Nevada (Caesars Palace Hotel & Casino)

Printed Paper Manual (Optional add-on item)

Participants will receive a USB flash drive containing the course manual on-site for free. You can alternatively purchase a printed version of the manual that you will receive on-site.

- Printed Paper Manual (Additional \$75)**
The printed version of the course manual (to be received on-site) is available for an additional \$75 in advance or \$95 on-site.

Billing Information

Credit Card Number _____ - _____ - _____ - _____
Expiration Date _____ CVV# (Last 3 numbers on back of Visa and MasterCards)

First Name of Authorized Cardholder _____
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Visa Check # _____
 MasterCard Made payable to "Center for Medical Education" in U.S. funds