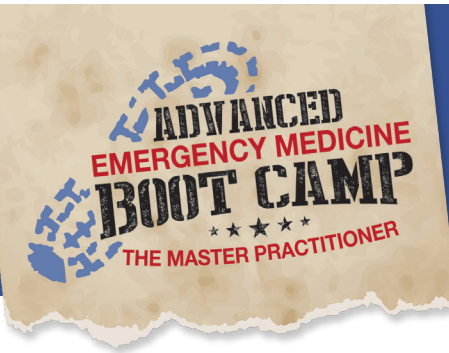


# REGISTRATION FORM

Register online at  
www.EMBootCamp2.com

To obtain more information by phone,  
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:**  
(888) 329-8626

## Main Course Pricing

	Full Tuition	Early Bird Tuition
<b>PA's / NP's / RN's / Residents</b>	<b>\$695</b>	<b>\$645*</b>
<b>Physicians</b>	<b>\$795</b>	<b>\$745*</b>

\*Early Bird Rate Deadline: August 1, 2021 by 9 PM PDT.

## Workshop Pricing (Optional Add-Ons)

	Tuition
<b>ECG Boot Camp</b>	<b>\$145*</b>
<b>Imaging Boot Camp</b>	<b>\$145*</b>

\*Must attend the main course to add a workshop  
**Bundle and Save!** Register for both workshops and receive the 2nd for only \$115 (a \$30 savings!).

## 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 & Workshop Options

### Advanced EM Boot Camp (Main Course)

September 13-15, 2021 (3 Days)  
Paris Hotel & Casino, Las Vegas, NV

### Half-Day Workshops (Optional Add-Ons)

Yes! Register me for the below workshops on September 12th.  
(Check all that apply)

**ECG Boot Camp**  
(8:00am-12:15pm)

**Imaging Boot Camp**  
(1:30pm-6:00pm)

### Discounted Room Rate

A block of rooms has been reserved at the discounted rate of **\$99/night + resort fee (optional at check-in) + tax** at the Paris Las Vegas Hotel & Casino. Call the Paris Las Vegas reservationist at (877) 603-4389 and mention that you are attending the *Advanced Emergency Medicine Boot Camp Course* under the "Passkey" system to receive the room block rate. Mention group code: **SPCME1** (Note: All reservations made by phone will be assessed a \$15 fee. A direct reservation link is provided on the the course website to avoid this fee)

Reserve a room before **August 12, 2021** to receive the discounted rate. Once the block is full, this reduced rate will no longer apply, regardless of the cut-off date.

## Billing Information

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration Date \_\_\_\_\_ CVV# \_\_\_\_\_ (Three-digit number on the back of Visa and MasterCard) (Four-digit number on the front of American Express Cards)  
First Name of Authorized Cardholder \_\_\_\_\_  
Last Name of Authorized Cardholder \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Billing City \_\_\_\_\_ Billing State/Province \_\_\_\_\_ Billing Zip/Postal Code \_\_\_\_\_  
Billing Country \_\_\_\_\_ Billing Email \_\_\_\_\_

Visa  Check # \_\_\_\_\_  
 MasterCard Made payable to "The Center for Medical Education" in U.S. funds  
 American Express