REGISTRATION FORM

Register online at
www.EMAcourse.com

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

38th Annual Series

EMERGENCY MEDICINE & ACUTE CARE / 2023

A CRITICAL APPRAISAL

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

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 ***2023 Emergency Medicine & Acute Care Course*** to receive the discounted room block rate. Quoted rates are for standard rooms unless otherwise mentioned.

Course Registration Cancellation Refund Policy: Cancellations must be made to the Center for Medical Education via phone (1-800-458-4779), fax (1-610-454-9494) or email (support@ccme.org) **prior** to the start date of the registered course and will be charged a $35 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 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
☐ Maui, HI	March 4–8, 2023	January 20, 2023	Wailea Beach Resort - Marriott Maui	(888) 797-1913	$499/$599 (February 2, 2023 cut-off)*
☐ Vail, CO	March 6–10, 2023	January 22, 2023	The Hythe, a Luxury Collection Resort, Vail	(800) 228-9290	$425/$455 (February 4, 2023 cut-off)**
☐ Las Vegas, NV	April 12–15, 2023	February 28, 2023	Planet Hollywood Resort & Casino	(866) 317-1829	$99 (4/11-4/13) & $149 (4/14) (March 12, 2023 cut-off)
☐ New Orleans, LA	April 26–29, 2023 (Jazz Fest)	March 14, 2023	Sheraton New Orleans Hotel	(888) 627-7033	$279 (March 28, 2023 cut-off)
☐ Hilton Head, SC	May 3–6, 2023	March 21, 2023	Hilton Head Marriott Resort & Spa	(800) 228-9290	$239/$259/$299 (May 2, 2023 cut-off)***
☐ Nashville, TN	May 24–27, 2023	April 11, 2023	Renaissance Nashville Hotel	(877) 901-6632	$295 (May 2, 2023 cut-off)
☐ San Diego, CA	June 14–17, 2023	May 2, 2023	Coronado Island Marriott Resort & Spa	(800) 228-9290	$269 (May 16, 2023 cut-off)
☐ New York, NY	June 14–17, 2023	May 2, 2023	New York Marriott Marquis	(877) 303-0104	$389 (May 23, 2023 cut-off)
☐ Vancouver, Canada	August 21–24, 2023	July 9, 2023	The Westin Bayshore, Vancouver	(800) 937-8461	$399(CAD†) (July 19, 2023 cut-off)
☐ Key West, FL	Nov. 27 – Dec. 1, 2023	October 15, 2023	Casa Marina Key West, Curio Collection by Hilton	(888) 303-5717	$499 (October 23, 2023 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.

* $499 for the **Garden View Room** / $599 for the **Partial Ocean View Room**
** $425 for the **Standard Room** / $455 for the **Studio Room**
*** $239 for the **Island View Room** / $259 for the Partial **Ocean View Room** / $299 for the **Oceanfront Room**
† (CAD) Canadian dollar

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 _____

☐ VISA 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 "Center for Medical Education" in U.S. funds