



VIRGINIA COLLEGE OF EMERGENCY PHYSICIANS

2009 HOT TOPICS REGISTRATION FORM

Confirmation will be emailed upon receipt.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ Fax:(_____) _____ Voice:(_____) _____

E-mail: _____

Assembly Registration: Includes break refreshments, luncheons, reception and a complete course syllabus.

| | Feb 10 th Ultrasound Course | 2-Day Hot Topics Registration | 1-DAY HOT TOPICS REGISTRATION | DEEP DISCOUNT All 3 days Registration |
|--------------------|--|-------------------------------------|-------------------------------------|---|
| Any ACEP Member | \$ 449.00 <input type="checkbox"/> | \$ 389.00 <input type="checkbox"/> | \$ 289.00 <input type="checkbox"/> | <i>Circle One</i> 2/11 OR 2/12 \$ 679.00 <input type="checkbox"/> |
| Other physicians | \$ 549.00 <input type="checkbox"/> | \$ 489.00 <input type="checkbox"/> | \$ 389.00 <input type="checkbox"/> | <i>Circle One</i> 2/11 OR 2/12 \$849.00 <input type="checkbox"/> |
| Non-Physicians | \$449.00 <input type="checkbox"/> | \$ 289.00 <input type="checkbox"/> | \$ 189.00 <input type="checkbox"/> | <i>Circle One</i> 2/11 OR 2/12 \$ 597.00 <input type="checkbox"/> |

Payment Information:

Charge to my: VISA MasterCard

Card number: _____

Expiration Date: _____

Cardholders Name: _____

TOTAL TO BE CHARGED: _____

Mail checks payable to VACEP and mail together with this registration form to:

P.O. Box 911, Norge, VA 23127

Cancellation Policy:

Cancellation policy requires written request for refund. No penalty for cancellations received by December 26th. Cancellations postmarked after December 26th, subject to \$50 administrative fee. **No** refunds for cancellations received after January 8th.

For VACEP office use only:

Date Received: _____

Amount Paid: _____

Date Confirmed: _____

Special Event Registration:

Advance sign-up required for all of the following:

I will attend the following events:

Wednesday: Complimentary Reception:
_____ # Adults _____ # Children

Children's ages: _____

Thursday: Lunch with ACEP President Nicholas Jouriles, MD, FACEP followed by Annual Meeting! Included in registration fee. Advance sign-up *required*. If you have a dietary restriction, call the VACEP Office *no later* than February 2.

Guests - \$35.00 ea. _____ # of guest(s)

Friday: VACEP Board Meeting

Optional CME Registration:

I will attend the following events:

Monday: OMD Workshop – Part One (*Free CME*)

Monday: OMD Hot Topics – Part Two (*Free CME*)

**REGISTRATION FORM CAN BE FAXED TO:
757-258-3042**