

**Virginia ACEP 2010 Summer Symposium & LLSA Review
August 16-18, Hilton Oceanfront, Virginia Beach**

Registration

For instant registration call 800.649.4911 or fax this form to 757.258.3042

The registration fee includes the LLSA articles or available abstracts, a copy of the lecture presentations, refreshment breaks, and free internet access to take the LLSA test*! It just doesn't get any easier or more convenient!

*Diplomats **must** pre-register with ABEM to gain access to the exam and pay their test registration fee. Details will be provided all registrants. *We can provide you with a computer for just \$10/day rental added to your registration fee. Note: You may bring your own laptop, but VACEP can not help you or be responsible for any connection difficulties experienced with your personal computer.*

This conference is appropriate for all practicing emergency physicians, regardless of ABEM certification.

	All three years <i>Your Best value!</i>	One or two year registrants must check the years you want to attend below:		
		Any two years <i>Great value!</i>	One year only <i>Very Good deal!</i>	2008 2009 2010
VACEP Members	\$ 519.00	\$ 419.00	\$ 299.00	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other ACEP Members	\$ 569.00	\$ 469.00	\$ 349.00	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other Physicians	\$ 639.00	\$ 539.00	\$ 419.00	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Avoid connection hassles! Add computer rental @ only \$10/day x _____ days = \$_____</i>				

August 17th Special Event! Join us for a very fun evening! Dinner and Medical Jeopardy Competition between Virginia's EM Residency Programs. Are you smarter than a resident? Complimentary, however advance sign up for dinner is required.

- Yes! Please register me for Dinner.
 - Bring a guest! Add \$25.00 for each dinner guest you will bring to this event: _____ x \$25 = _____
- Guest Name(s) _____

Name	
Address	
City/St/Zip	
Daytime phone	
Email	

Payment information:

Check enclosed payable to: *VACEP Summer Symposium. Mail to PO Box 911, Norge, VA 23127*

Or Charge to my: VISA MasterCard

Card number: _____ Exp Date: _____

Cardholders Name: _____

TOTAL FEES PAID: _____

Cancellation Policy:

Cancellation policy requires written request for refund. No penalty for cancellations received by July 16th. Cancellations postmarked after July 16th subject to \$175 administrative fee. **No** refunds for cancellations received after August 1st.