

MAILER INFO TO BE INSERTED

Presorted
Standard
Info
Here

**MIDWEST WINTER SYMPOSIUM
JANUARY 25-28, 2018
MOUNTAIN GRAND LODGE
BOYNE MOUNTAIN, MICHIGAN**

REGISTRATION FORM

Payment Method: Check Enclosed
 MasterCard VISA
 American Express

Card # _____
Expiration Date _____ Security Code _____
Card Holder's Signature _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____
 Home Business Cell

PHONE _____

E-MAIL

	<u>Before 12/31</u>	<u>After 12/31</u>		<u>Before 12/31</u>	<u>After 12/31</u>
<input type="checkbox"/> ACEP Physician	\$375	\$425	<input type="checkbox"/> PA, Nurse, EMT	\$175	\$225
<input type="checkbox"/> Physician, Non-Member	\$475	\$525	<input type="checkbox"/> Resident	\$ 50	\$100
<input type="checkbox"/> Other/Patron	\$425	\$475	<input type="checkbox"/> Student* - <i>see below</i>	\$ 25	\$ 25

PLEASE PRE-REGISTER FOR THE SKILLS LAB

I would like to attend the Skills Lab – Thurs., 1/25/2018, 6:00 – 8:00 p.m. – NO CHARGE

YOU MUST PRE-REGISTER FOR THE FRIDAY EVENING RECEPTION - SPACE IS LIMITED!

Please indicate the number of adults and children who will be attending.
_____ ADULTS _____ CHILDREN

*I WILL BE ATTENDING THE MEDICAL STUDENT FORUM

Medical School _____ Year _____

CANCELLATION POLICY: Refunds must be requested in writing. If your written cancellation is received by December 31, 2017, you will receive a full refund minus a \$100 processing fee. Cancellations received between December 31, 2017 and January 20, 2018 will receive a 50% refund less a \$100 processing fee. No refunds will be processed on cancellations received on or after January 21, 2018 – no exceptions.

Please complete & return this form to:
MCEP, 6647 West St. Joseph Hwy. Lansing, MI 48917, PHONE 517-327-5700, FAX 517-327-7530
BE SURE TO RETURN BY DECEMBER 31, 2017 TO RECEIVE EARLY RATES