

Please consider registering on-line, - www.mcep.org

ASSEMBLY REGISTRATION FORM

MICHIGAN EMERGENCY MEDICINE ASSEMBLY • JULY 30 - AUGUST 2, 2023 • GRAND HOTEL, MACKINAC ISLAND, MI

Return form to: MCEP, 6647 West St. Joseph Hwy., Lansing, Michigan, 48917, (517) 327-5700, FAX: (517) 327-7530, mcep@mcep.org

Special Accommodations: Please indicate if you require special accommodations in order to fully participate. Attach a written explanation.

Name _____

Address _____

City/State/Zip _____

Daytime Phone _____ E-mail _____

Hospital Affiliation: _____

Payment Method: Check Enclosed ☐ MasterCard ☐ VISA ☐ AMEX ☐

Card # _____

Expiration Date _____ Three/Four digit validation code _____

Card Holder's Signature _____ Zip Code _____

PLEASE CHECK APPROPRIATE COLUMN FOR EACH FAMILY MEMBER																	
Refer to Assembly Itinerary for dates, times & locations																	
Please PRINT your name(s) as desired on name badge(s) Use one row per name for each person attending the Assembly First/Last Name (CHILD'S AGE)	Assembly Registration									MCEP Programs					T O T A L		
		MCEP Physician	ACEP Physician	Physician, Non-member	Nurse/PA/EMT	Resident/Student	Faculty	Exhibitor	Spouse/Guest/Family	Fisher & Paykel Product Showcase 7/30	Opening Reception 7/30	Annual Meeting/Lunch 7/31	Malinckrodt Product Showcase 8/1	Presidents' Banquet 8/1		Ultrasound Workshop 8/2	First Time Attendee? <input type="checkbox"/> Yes
	Before 6/14	\$570	\$580	\$670	\$350	\$75	N/C	N/C	N/C	N/C	N/C	N/C	N/C	\$40/175•		N/C	
	After 6/14	\$595	\$605	\$695	\$375	\$100	N/C	N/C	N/C	N/C	N/C	N/C	N/C	\$40/175•		N/C	
(Example) Dr. John Doe Mrs. Jane Doe (& family) Billy Doe (7)		\$570							X X	X X X	X	X	\$40/Grand			\$610 <u>\$ 0</u> \$610	
•The top price separated by a slash (/) indicates the price if you are a Grand Hotel guest – the price below the slash is the price for the activity if you are not staying at the Grand Hotel.																	
GRAND TOTAL																	