

EMRAM In-Training Review Course
February 11-12, 2026
Virtual Meeting



Please complete this form early to ensure your spot is reserved. Originals can be sent to:

Emergency Medicine Residents' Association of Michigan
6647 West St. Joseph Hwy.
Lansing, Michigan 48917
Phone: (517) 327-5700 FAX: (517) 327-7530 mcep@mcep.org

The undersigned hereby wishes to provide funding for the EMRAM In-Training Review Course

Company Name

(As it is to appear in Program Materials): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Contact Person Information

Name: _____

Phone: _____ E-mail: _____

Names of Representative(s) to attend virtual display (will be sent meeting link):

E-mail

E-mail

We are interested in the below option at the EMRAM In-Training Review Course:

Virtual Display Booth - \$500

- Breakout Room during the half-hour break both days.
- MCEP will provide a complete sponsorship list to attendees with company descriptions and a schedule of the day.
- Acknowledgement on the MCEP website and in the MCEP Newsletter (if signed up prior to Dec 1st, 2025) as well as Social Media.
- Acknowledgement throughout the meeting.

Authorized Exhibit Representative _____ Date _____

The Emergency Medicine Residents' Association of Michigan is a not-for-profit (501c6) medical association representing resident emergency physicians. The EMRAM tax ID # is 38-3107700. Cancellations must be requested in writing. If your written cancellation is received two weeks prior to this program you will receive a full refund minus a \$100 processing fee. No refunds after January 29, 2026.

Payment Method: Check Enclosed Mastercard VISA AMEX

Card # _____ Exp. Date _____ Sec. Code _____

Signature _____ Zip Code of Cardholder _____

For further information on any of these sponsorships, please contact the MCEP office.