



**Pediatric Emergency Medicine Conference
September 10, 2026
Somerset Inn, Troy, MI**

REGISTRATION FORM

Payment Method: Check Enclosed

MasterCard VISA

American Express

Card # _____

Expiration Date _____ Security Code _____

Zip Code of Billing Address _____

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ON-LINE REGISTRATION IS AVAILABLE AT WWW.MCEP.ORG

- | | | |
|--------------------------|----------------------------|-------|
| <input type="checkbox"/> | MCEP Physicians | \$325 |
| <input type="checkbox"/> | Physician, Non-Member | \$400 |
| <input type="checkbox"/> | PA/NP/Nurse/EMT | \$225 |
| <input type="checkbox"/> | Residents/Medical Students | \$ 70 |

Cancellation Policy:

All refunds must be requested in writing. If your written cancellation is received two weeks prior to the course date, you will receive a full refund minus a \$50 administrative fee. No refunds on cancellations received after August 25, 2026.

***If paying by check, please make payable to MCEP and return to:
MCEP, 6647 West St. Joseph Hwy. Lansing, MI 48917, PHONE 517-327-5700, www.mcep.org***