

Please consider registering on-line, - [www.mcep.org](http://www.mcep.org)

**ASSEMBLY REGISTRATION FORM**

MICHIGAN EMERGENCY MEDICINE ASSEMBLY • JULY 26-29, 2026 • GRAND HOTEL, MACKINAC ISLAND, MI *Return form to:*

MCEP, 6647 West St. Joseph Hwy., Lansing, Michigan, 48917, (517) 327-5700, [mcep@mcep.org](mailto:mcep@mcep.org)

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

Name \_\_\_\_\_

Payment Method: Check Enclosed  MasterCard  VISA  AMEX

Address \_\_\_\_\_

Card # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Expiration Date \_\_\_\_\_ Three/Four digit validation code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_ Zip Code \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

**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	Assembly Registration									MCEP Programs				First Time Attendee?  <input type="checkbox"/> Yes	TOTAL
		MCEP Physician	ACEP Physician	Physician, Non-member	Nurse/PA/EMT	Resident/Student*	Faculty	Exhibitor	Spouse/Guest/Family	Opening Reception 7/26	Annual Meeting/ Lunch 7/27	Aerogen Product Showcase 7/28	Presidents' Banquet 7/28		
	Before 6/14														
First/Last Name (CHILD'S AGE)	After 6/14	\$650	\$660	\$750	\$550	\$125	N/C	N/C	N/C	N/C	N/C	N/C	\$55/185•		
<i>(Example)</i> Dr. John Doe Mrs. Jane Doe (& family) Billy Doe (7)		\$625								X X X	X	X	\$55/Grand		\$680 \$ 0 \$680

\*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