EMRAM In-Training Review Course
February 10-11, 2027
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, 2026) 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, 2027.

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.