

**PaACEP  
Board  
Review  
Course**

**Why should  
you attend?**

Content Updated  
with LLSA Material

Nationally  
Recognized  
speakers

**Need  
overnight  
accommodations?**

Call the  
Westin BWI Hotel  
at 443-577-2300  
before August 11  
and ask for  
PaACEP's room  
block to secure  
the special rate  
of \$120 plus tax

**Complete meeting  
information is  
available at  
www.paacep.org**

**PaACEP  
777 East Park  
Drive,  
Harrisburg, PA  
17105-8820  
877-373-6272  
717-909-2685**

# Registration Form

## **PaACEP's Board Review Course September 10-13, 2010 Westin BWI Hotel, Baltimore MD**

*Please Print:*

Name \_\_\_\_\_

MD  DO  FACEP  FACOEP  PA  RN  Other \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail or Fax # (required) \_\_\_\_\_

### **Registration Fees**

	Before August 1 <sup>st</sup>	August 1 <sup>st</sup> and after
PaACEP/MD ACEP Member	\$725	\$775
ACEP Member	\$825	\$875
Non-ACEP Member	\$950	\$995
Physician Assistant/ RN	\$600	\$675
1 <sup>st</sup> Year out of Residency	\$625	\$625
Resident*	\$575	\$575

\* *Must provide proof of residency*

**Registration Fee Total** \_\_\_\_\_

**Please send my Question & Answer book in advance**

If you have a special dietary request or need associated with the ADA, please attach a written description of this need to this registration application.

### **Method of Payment (please check one):**

Check (payable to PaACEP)  Visa  MasterCard  Discover  American Express

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CCV # (on back of card) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address for Credit Card \_\_\_\_\_

(If different from above) \_\_\_\_\_

**Please fax or mail registration form to:  
MaryTherese Gallagher, Meeting Manager  
Email: mgallagher@pamedsoc.org**

**Fax 717-558-7841**

Online registration available at [www.paacep.org](http://www.paacep.org)