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Faculty Disclosure

The Florida Emergency Medicine Foundation adheres to ACCME standards regarding industry support of continuing medical education, and the disclosure of faculty and commercial sponsor relationships (if any) will be made known during the educational activity. Faculty are expected to openly disclose inclusion of discussion on any off-label, experimental or investigative use of drugs, devices, or equipment or any commercial sponsorship relations in their presentations.

BENCHMARKS 2005 CONFERENCE REGISTRATION FORM

First Name MI Last Name Suffix

Title Hospital Mailing Label Priority Code

Address

City State Zip

Phone Fax Email

Type of License State of License License # Exp. Date

Required Information to receive CME/CEU's

Registration Fee Schedule *Check only one if applicable.*

Before or on February 4, 2005

- \$495 (\$420.75*) - Physician / Administrator
- \$395 (\$335.75*) - FCEP / Benchmark Alliance Member
- \$250 (\$212.50*) - Resident**
- \$375 (\$318.75*) - Allied Health Professional***

After February 4, 2005

- \$570 (\$484.50*) - Physician / Administrator
- \$470 (\$399.50*) - FCEP / Benchmark Alliance Member
- \$250 (\$212.50*) - Resident**
- \$450 (\$382.50*) - Allied Health Professional***

Attending both ED Benchmarks and ACEP's Spring Congress

- *Yes, I am attending both ED Benchmarks and ACEP's Spring Congress. The 15% discounted rate listed above applies to my registration.

***Residents please include a letter from your director with this form.*

****Allied Health Professional includes Nurses and PA's.*

Total Fees Enclosed \$_____

Panel Discussion: The Emergency Medicine System 2010 *List any topics of interest.*

The following are topics I would enjoy being discussed at the panel discussion:

Payments accepted by Visa, Mastercard, Check or Purchase Order. *American Express not accepted. Payment must accompany registration form.*

Make checks payable to EMLRC and mail to 3717 S. Conway Road, Orlando, FL 32812
Phone: (407) 281-7396 or (800) 766-6335 Fax: (407) 281-4407 Federal Tax ID #59-3001777
Credit card number needed to guarantee registration unless Check or PO accompanies registration form.

Credit Card Number: _____

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Expiration Date: _____ Cardholder Name: _____

Indicate if you need a CME/CEU Certificate.
 Yes, I need a CME/CEU Certificate.
 No, I do not need a CME/CEU Certificate.
Certificates are printed in advance and can be picked up at the registration desk prior to departure from the conference. If you do not check yes, an onsite certificate will not be available.

Cancellations and refunds will be made only if requested in writing to the 2005 ED Benchmarks Conference Registrar. No refunds will be made after February 11, 2005. For all cancellations, an administrative fee of \$75.00 will be retained. Registration may be transferred to another individual.

Indicate if you plan on attending the Panel Discussion: The Emergency Medicine System 2010 on Saturday, March 5th.
 Yes, I will attend. No, I will not attend.

