

**BENCHMARKS 2007 CONFERENCE REGISTRATION FORM**

Thom Mayer, MD, FACEP, FAAP  
 Emergency Medicine and Pediatrics,  
 Georgetown University School of Medicine  
 Chairman Emeritus Department of  
 Emergency Medicine,  
 Fairfax Inova Hospital  
 President & CEO Best Practices Inc.  
 Medical Director NFL Players Association  
 Fairfax, VA

Jeanne McGrayne, RN, MSN  
 Senior Director,  
 Managing Principal  
 Premier, Inc.  
 Carthage, NC

Kathy Robinson, BS, RN, CEN EMT-P  
 EMS Planning & Clinical Systems Manager  
 Pennsylvania Department of Health,  
 Past President  
 Emergency Nurses Association  
 Program Advisor  
 National Association of State EMS Officials  
 Bloomsburg, PA

Roxanne Sams, MSN, ARNP-C, MA  
 EmCare  
 Navigant Consulting  
 Clearwater, FL

**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.

Faculty & Presentations Subject to Change.

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

(License Information Required to receive CME's/CEU's) National Registry # Exp. Date

**Registration Fee Schedule** Check only one if applicable.  
 Before or on February 23, 2007

- \$495 - Physician / Administrator
- \$395 - FCEP Member
- \$250 - Resident\*
- \$375 - Allied Health Professional\*\*

After February 23, 2007

- \$570 - Physician / Administrator
- \$470 - FCEP Member
- \$250 - Resident\*
- \$450 - Allied Health Professional\*\*

\*Residents please include a letter from your director with this form.  
 \*\*Allied Health Professional includes Nurses and PA's.

Total Fees Enclosed \$ \_\_\_\_\_

**Town Hall Forum** List any topics of interest.

The following are topics I would enjoy being discussed at the Town Hall Forum:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_

Credit Card Type:  Visa  Mastercard

Expiration Date: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

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



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 2007 ED Benchmarks Conference Registrar. No refunds will be made after March 9, 2007. 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 Town Hall Forum: Emergency Department Patient Flow on Friday, March 23<sup>rd</sup>.  
 Yes, I will attend.  No, I will not attend.