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**Faculty Disclosure**

The Emergency Medicine Learning & Resource Center 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. Conference faculty and topics subject to change.

Faculty & Presentations Subject to Change.

**BENCHMARKS 2009 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

(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 13, 2009*

- \$525 - Physician / Administrator
- \$475 - FCEP Member
- \$300 - Resident\*
- \$400 - Allied Health Professional\*\*

*After February 13, 2009*

- \$595 - Physician / Administrator
  - \$500 - FCEP Member
  - \$300 - Resident\*
  - \$450 - Allied Health Professional\*\*
  - \$20 - Onsite Registration
- Add \$20 to applicable registration category

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

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

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: \_\_\_\_\_



**CME/CEU Certificate and Conference Evaluation**  
 The Conference Evaluation will be available online. Your completed online evaluation will be required to receive your CME/CEU certificate. Once you complete the online evaluation, a certificate will be promptly issued to you via email from the EMLRC office. To ensure that the eval/ certificate emails are delivered to your inbox, please add dbomhoff@emlrc.org to your address book or list of approved senders.

**Cancellations and refunds** will be made only if requested in writing to the 2009 ED Benchmarks Conference Registrar. No refunds will be made after February 20, 2009. For all cancellations, an administrative fee of \$75.00 will be retained. Registration may be transferred to another individual.