

First Name	MI	Last Name	Suffix
Title		Agency	Mailing Code#
Address			
City	State	Zip	
Phone	Fax	Email	
Type of License	State of License	License #	Exp. Date

Required Information to receive CME/CEU's
 MD/DO ___ EMT ___ Paramedic ___ RN ___ PA ___ Other ___
 Check all that apply

Preconferences Fee Schedule Check only one if applicable

- P-1 2008 Life Long Learning and Self-Assessment (LLSA) Prep Workshop
 \$150 - FCEP Member \$200 - Non-FCEP Member
- P-2 EM Administrators Forum - For ED Medical Directors, ED Nurses, EM Administrators and Others
 \$150 - FCEP Member \$200 - Non-FCEP Member
- P-3 ACEP eACLS Course
 \$149 This preconference requires a special registration process.
 Please visit www.eACLS.com/SBS to register or learn more about eACLS™.

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.

Conference Registration Fee Schedule Check only one if applicable

- Free - FCEP Member*
- \$400 - Non-FCEP Physician
- Free - EMRA Medical Student*
- \$100 - Non-EMRA Medical Student
- \$250 - PA, Nurses, Allied Health Personnel
- \$275 - EM Administrator

Note: Cancellations and refunds will be made only if requested in writing to the Symposium by the Sea 2009 Conference Registrar. No refunds will be made after July 24, 2009 (no exceptions). For all cancellations, an administrative fee of \$75.00 will be retained.

**Free registration for general conference only.*

Indicate if you plan to attend any of the following Events

- Satellite Symposium** - *Enzyme-enabled Subcutaneous Rehydration in Children and Adults*
 Thursday, 5:00pm - 7:00pm, Free - Open to all Attendees, Hors d'oeuvres provided
- Satellite Symposium** - *Knowledge is the New Currency: Effectively Linking Asset Protection Planning & Wealth Accumulation in a Global Risk Management Economy*
 Friday, 12:30pm - 2:30pm, Free - Open to all Attendees, Lunch provided
- Satellite Symposium** - *Financial Strategies in the Emergency Department*
 Saturday, 12:30pm - 2:30pm, Free - Open to all Attendees, Lunch provided

Registration Fee \$ _____ Pre-conference Fee \$ _____ Event Fee(s) \$ _____
 Total Fee(s) 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: _____