

and **FCEP** presents

July 29 - August 1, 2010 · The Boca Raton Resort &amp; Club · Boca Raton, FL

SYMPOSIUM BY THE SEA 2010 CONFERENCE REGISTRATION FORM

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

**Preconferences Fee Schedule** *Check only one if applicable*

P-1 2010 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

**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

**Indicate if you plan to attend any of the following Events**[ ] **Satellite Symposium** - Thursday, 5:00pm - 7:00pm, Free - Open to all Attendees, Hors d'oeuvres provided[ ] **Satellite Symposium** - *Acute Stroke Safety*

Friday, 12:30pm - 2:30pm, Free - Open to all Attendees, Lunch provided

[ ] **Satellite Symposium** - *Financial Strategies in the Emergency Department*

Saturday, 1:00pm - 3:00pm, 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: \_\_\_\_\_

**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.**Note: Cancellations and refunds will be made only if requested in writing to the Symposium by the Sea 2010 Conference Registrar. No refunds will be made after July 24, 2010 (no exceptions). For all cancellations, an administrative fee of \$75.00 will be retained.**\*Free registration for general conference only.*