REGISTRATION FORM FOR:

46th Annual Indiana ACEP Emergency Medicine Conference

Wednesday & Thursday, April 25 & 26, 2018

WE ARE GOING PAPERLESS

Although you can use this form to register by check, ***we highly recommend*** registering on-line to make it easier for you to download conference materials. (We will have electrical plugs for computers at the event.)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACEP# (if member)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Affiliation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_Zip\_\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your confirmation/receipt will be emailed to you.

***Two Day Registration:***

Please check all that apply:

ACEP Member Physician $325.00 

Non-ACEP Physician $375.00  PA/RN/LPN/NP/ Paramedic $200.00 

Residents/Interns - separate form will be sent

Medical student $20.00 

Late fee if received after 4/3/18 $25.00 

**TOTAL: \_\_\_\_\_\_\_\_\_**

**Pay by credit card, go to:**

**www.inacep.org**

***LOCATION OF CONFERENCE:***

**Ritz Charles Banquet Facility**

**12156 No. Meridian St.**

**Carmel, IN 46032**

***LODGING:***

A block of rooms has been reserved at the **Renaissance Indianapolis NORTH Hotel**

**11925 N. Meridian St.**

**Carmel, IN 46032**

Group rate of **$169.00** per night. This Hotel is located across the street from the Ritz Charles

To reserve your room please call the Renaissance Hotel directly at 317-816-0777. Identify the group as "American College of Emergency Physicians - Indiana Chapter"

For a list of other Hotels in the area, please contact Sue at sue@inacep.org

***PARKING:***

Free at both Hotel and Banquet Facility

***One Day Registration:***

Please check all that apply: Wed. or Thurs.

ACEP Member Physician $200.00$160.00

Non-ACEP Physician $230.00$180.00

PA/RN/LPN/NP/ Paramedic $140.00$100.00

Residents/Interns - separate form will be sent

Medical student $ 10.00  $10.00 

Late fee- received after 4/3/18 $25.00 

**TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**www.inacep.org**

***CANCELLATION POLICY:***

A full refund will be given, provided cancellation is received by April 3, 2018. A processing fee of $20.00 will be charged for cancellations received after this date. No Shows will be charged full registration amount.

INACEP reserves the right to conduct its courses based on minimum enrollment. Should cancellation be necessary, it will be done not less than 10 days prior to the course date and each registrant will be notified by email or fax with a full refund following. The Indiana Chapter of American College of Emergency Physicians is not responsible for any cost incurred due to cancellation of a program, such as airline or hotel penalties.

Please Make your check payable and mail to:

Indiana ACEP

630 No. Rangeline Rd. Suite D.

Carmel, IN 46032

***HOTEL WILL ONLY HOLD ROOMS THROUGH APRIL 3, 2018 SO PLEASE REGISTER EARLY!***