

MICHIGAN EMERGENCY MEDICINE ASSEMBLY

JULY 28-31, 2024

THE HIGHLANDS - BOYNE, HARBOR SPRINGS, MICHIGAN

REGISTRATION FORM

Payment Method: Check Enclosed Card #_	
MasterCard VISA Expirat	ion DateSecurity Code
American Express Billing	Zip Code
Card H	older's Signature
NAME	
ADDRESS	
ADDRESS	
CITY STATE	ZIP
□ _H .	ome Business Cell
PHONE	
E-MAIL	
Before 06/14/24 After 06/14/24	Before 06/14/24 After 06/14/24
☐ MCEP Physician \$600 \$625 ☐ Nurse/PA	·
☐ ACEP Physician \$610 \$635 ☐ Resident Physician, Non-Member \$700 \$725	Student \$100 \$125
Physician, Non-Member \$700 \$725	
PRE-REGISTRATION REQUIRED FOR THE BEI	
Opening Reception – Sunday, 7/28/2024, 5:30 – 7:00 p.m. – NO CHARGE	
Total Number of Adults Children (please include yourself in total) Annual Meeting/Lunch – Monday, 7/29/2024, 1:15 – 2:30 p.m. – NO CHARGE	
Please Check if you would like a Vegetarian Meal	
Abbott Product Showcase – Tuesday, 7/30/2024, 7:30 – 8:20 a.m. – NO CHARGE	
President's Banquet – Tuesday, 7/30/2024, 7:15 – 9:15 p.m. – \$90/Person Total Number of Adults Children (please include yourself in total)	
Number of Vegetarian Meal(s) Needed	
GRAND TOTAL (Including Registration & Addition	onal Events): \$

CANCELLATION POLICY: Refunds must be requested in writing. If your written cancellation is received by June 30, 2024, you will receive a full refund minus a \$100 processing fee. Cancellations received between June 30, 2024 and July 20, 2024 will receive a 50% refund less a \$100 processing fee. No refunds will be processed on cancellations received on or after July 21, 2024 – no exceptions.

Please complete & return this form to:

MCEP, 6647 West St. Joseph Hwy. Lansing, MI 48917, PHONE 517-327-5700, FAX 517-327-7530, mcep@mcep.org
BE SURE TO RETURN BY JUNE 14, 2024 TO RECEIVE EARLY RATES

ON-LINE REGISTRATION AVAILABLE: