

Please consider registering on-line, - www.mcep.org

ASSEMBLY REGISTRATION FORM

MICHIGAN EMERGENCY MEDICINE ASSEMBLY • JULY 27-30, 2025 • GRAND HOTEL, MACKINAC ISLAND, MI *Return form to:*

MCEP, 6647 West St. Joseph Hwy., Lansing, Michigan, 48917, (517) 327-5700, FAX: (517) 327-7530, mcep@mcep.org

Special Accommodations: Please indicate if you require special accommodations in order to fully participate. Attach a written explanation.

Name _____

Address _____

City/State/Zip _____

Daytime Phone _____ E-mail _____

Hospital Affiliation: _____

Payment Method: Check Enclosed ☐ MasterCard ☐ VISA ☐ AMEX ☐

Card # _____

Expiration Date _____ Three/Four digit validation code _____

Card Holder's Signature _____ Zip Code _____

PLEASE CHECK APPROPRIATE COLUMN FOR EACH FAMILY MEMBER

Refer to Assembly Itinerary for dates, times & locations

Please PRINT your name(s) as desired on name badge(s) Use one row per name for each person attending the Assembly First/Last Name (CHILD'S AGE)	Assembly Registration										MCEP Programs					T O T A L
		MCEP Physician	ACEP Physician	Physician, Non-member	Nurse/PA/EMT	Resident/Student*	Faculty	Exhibitor	Spouse/Guest/Family	Opening Reception 7/27	Annual Meeting/ Lunch 7/28	Fisher & Paykel Product Showcase 7/29	Presidents' Banquet 7/29	First Time Attendee? <input type="checkbox"/> Yes		
	Before 6/14	\$625	\$635	\$725	\$525	\$100	N/C	N/C	N/C	N/C	N/C	N/C	\$55/180•			
	After 6/14	\$650	\$660	\$750	\$550	\$125	N/C	N/C	N/C	N/C	N/C	N/C	\$55/180•			
<i>(Example)</i> Dr. John Doe Mrs. Jane Doe (& family) Billy Doe (7)		\$625							X X X	X	X	\$55/Grand		\$680 <u>\$ 0</u> <u>\$680</u>		
										•The top price separated by a slash (/) indicates the price if you are a Grand Hotel guest – the price below the slash is the price for the activity if you are not staying at the Grand Hotel.					GRAND TOTAL	