



# Emergency Department Directors Academy – Phase IV

Learn more at [www.acep.org/edda](http://www.acep.org/edda)

## REGISTER BY EMAIL

[meetingregistrar@acep.org](mailto:meetingregistrar@acep.org)

## REGISTER BY PHONE

844-381-0911

## REGISTER BY FAX

972-999-4624  
*(Available 24 hours)*

## REGISTER BY MAIL

ACEP Meeting Registration  
PO Box 619911  
Dallas, TX 75261-9911

### 1 REGISTRATION FEES

	Registration rate
<input type="checkbox"/> ACEP Member .....	\$500
<input type="checkbox"/> Non-Member .....	\$600

### 2 CONTACT INFORMATION

NAME (Last, First, Middle)

ACEP ID NUMBER

NATIONAL PROVIDER IDENTIFIER (NPI)

TITLE (MD, DO, RN, NP, LVN, EMT, PARA, PhD, RPh, PharmD, PA, FACEP)

MAILING ADDRESS

CITY/STATE/COUNTRY/ZIP+4

PREFERRED TELEPHONE NUMBER (Including area code)

E-MAIL ADDRESS (Required for ACEP confirmation & evaluation correspondence only)

### 3 PAYMENT METHOD *(Payment is due at time of registration)*

- Please charge my credit card:  VISA  MasterCard  Discover  American Express  
 My check for \$ \_\_\_\_\_ is enclosed (Payable to ACEP in US currency only)

NAME AS IT APPEARS ON CARD (Please Print)

CARD NUMBER

EXPIRATION DATE

SECURITY CODE

ZIP CODE OF BILLING ADDRESS

SIGNATURE

QUESTIONS OR INFORMATION **E-MAIL:** [meetingregistrar@acep.org](mailto:meetingregistrar@acep.org)