### SCIENTIFIC ASSEMBLY REGISTRATION

Register Online: acep.org/sa • TELEPHONE: 800-798-1822, ext. 6
Mail To: ACEP Meeting Registration / PO Box 619911 / Dallas, Texas 75261-9911 • FAX: 972-580-2816 (Available 24 hours)
E-Mail: meetingregistrar@acep.org (For questions or information)

**REGISTER BY PHONE AT 800-798-1822, EXT. 6**

<table>
<thead>
<tr>
<th>Visiting the Exhibits</th>
<th>Visit the Exhibits</th>
<th>Visit the Exhibits</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-9:00</td>
<td>9:30-10:30</td>
<td>11:00-12:00</td>
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<td>2:30-3:00</td>
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**First Choice**

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**COURSE SELECTION:** Make course selections before returning this form. Your schedule will dictate the number of course entries. Be sure to block out complete periods for courses exceeding one hour. If you have no selection, leave space empty. Do not overlap courses.

**Last day to register is Friday, September 10. After September 10, you must register onsite.**
TINTINALLI STUDY GUIDE

Zip code of billing address ____________________________________________

Name as it appears on card (Please Print) _________________________________

Expiration date: ____________________________________________________

Card #: __________________________________________________________

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fee four hours at $50 per CME hour. Fee: _______________  hours x $50/hr = $ _____________ (Lab fees extra)

LABS

SPECIAL FUNCTIONS

F E E  T O T A L  ........................................................................................ $  ________________________

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I meet qualifications (refer to www.acep.org/sa) of the Councillor, Alternate Councillor, or 2010-11 Committee Member registration category and have registered for a minimum of four hours at $50 per CME hour. Fee: _______________  hours x $50/hr = $ _____________ (Lab fees extra) Qualifications will be verified.

REGISTRATION FEE TOTAL. $___________________________

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EXHIBITS ONLY $100 (included in 4-day registration) $___________________________

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SPECIAL FUNCTIONS

F E E  S U B T O T A L . $___________________________

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LABS (Labs fill quickly. We recommend that you provide a credit card number to pay lab fees. Your credit card will be charged only if you are registered for your requested lab.)

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LAB FEE SUBTOTAL $___________________________

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TINTINALLI STUDY GUIDE

Yes! I want to order the new Study Guide. (See page 16) $174 + $18.65 shipping/handling (US residents only) . $192.65

FEE TOTAL. $___________________________

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PAYMENT METHOD (Payment is due at time of registration.)

My check for $ _______________ is enclosed. (Payable to ACEP in US currency only.)

Please charge to my credit card:

VISA □ MasterCard □ American Express

Card #: ________________________________

Expiration date: __________________________

Name as it appears on card (Please Print) _________________________________

Signature ________________________________

Zip code of billing address ________________________________

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ARE RESEARCH FORUM ATTENDEES

YES, I am a Scientific Assembly 4-day registrant and plan to attend the Research Forum, September 28-29.

Presenter □ Non-Presenter

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EMRA MEDICAL STUDENT AND RESIDENT FORUMS (See page 8)

YES, Register me for the following EMRA Events at Scientific Assembly.

(there are no fees to attend the EMRA activities.)

□ Medical Student Forum (Sunday, September 26)
□ Resident Forum (Tuesday, September 28)
□ EMRA Representative Council Meeting (Wednesday, September 29)

*Must provide ACEP member ID number
**Must provide letter of verification
***Member of ACEM, BAEM, or CAEP
****This fee applies only to new Honorary and Life members designated after 2005. All Honorary and Life members designated prior to 2006 receive complimentary registration.