



REGISTRATION FORM

First Name: _____ Last Name: _____

Address: _____ Home Work

City: _____ State: _____ Postal/Zip Code: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

AAEM Member Yes If yes, AAEM Member ID# _____

Supporting Society (if applicable): _____

Program Director* (if applicable): _____ Email: _____

Program Name* (if applicable): _____ Website: _____

**Required for Physicians in Training*

Special Accommodations/Dietary Restrictions _____

STANDARD REGISTRATION RATE

	Developed Countries			Low Income Countries		
	Physician	Physician in Training	Non-Physician (Trainee, Nurses, Paramedics, PAs)	Physician	Physician in Training	Non-Physician (Trainee, Nurses, Paramedics, PAs)
Organizing Society Member (AAEM, GREAT, MAEM)	<input type="checkbox"/> \$575	<input type="checkbox"/> \$475	<input type="checkbox"/> \$315	<input type="checkbox"/> \$365	<input type="checkbox"/> \$265	<input type="checkbox"/> \$210
Members of Supporting Societies	<input type="checkbox"/> \$625	<input type="checkbox"/> \$525	<input type="checkbox"/> \$345	<input type="checkbox"/> \$400	<input type="checkbox"/> \$300	<input type="checkbox"/> \$225
Non-Members	<input type="checkbox"/> \$680	<input type="checkbox"/> \$580	<input type="checkbox"/> \$370	<input type="checkbox"/> \$430	<input type="checkbox"/> \$330	<input type="checkbox"/> \$245

Click here to view the list of reduced fee countries.

SPECIAL EVENT TICKETS

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Event	Delegate	Guest	
Gala Dinner - 9 September 2017	<input type="checkbox"/> \$150 USD	_____ Qty.	<input type="checkbox"/> \$150 USD

PRE-CONGRESS COURSES

Time	Pre-Congress Course Title	Organizing Society Member	Members of Supporting Societies	Non Members
Wednesday, 6 September				
8:00am-4:00pm	PC02: Turning Your Research into a Published Manuscript*	<input type="checkbox"/> \$215	<input type="checkbox"/> \$235	<input type="checkbox"/> \$255
Thursday, 7 September				
8:30am-5:00pm	PC06: Hospital Emergency Management of a Chemical or Radiation Incident*	<input type="checkbox"/> \$235	<input type="checkbox"/> \$255	<input type="checkbox"/> \$275
8:00am-12:00pm	PC07: Emergency Department Administration - The Basics	<input type="checkbox"/> \$260	<input type="checkbox"/> \$280	<input type="checkbox"/> \$300
8:00am-5:00pm	PC08: Advanced ECG*	<input type="checkbox"/> \$475	<input type="checkbox"/> \$495	<input type="checkbox"/> \$515
2 Day Courses: Wednesday, 6 September - Thursday, 7 September				
8:00am-5:00pm	PC01: ATLS*	TBA	TBA	TBA
8:00am-5:00pm	PC03: Resuscitation and Critical Care*	<input type="checkbox"/> \$475	<input type="checkbox"/> \$495	<input type="checkbox"/> \$515
8:00am-3:00pm	PC04: Ultrasound – Beginners* (6 September)	Beg <input type="checkbox"/> \$425 Adv <input type="checkbox"/> \$425	Beg <input type="checkbox"/> \$445 Adv <input type="checkbox"/> \$445	Beg <input type="checkbox"/> \$465 Adv <input type="checkbox"/> \$465
8:00am-12:00pm	PC05: Ultrasound – Advanced (7 September)	Beg & Adv <input type="checkbox"/> \$700	Beg & Adv <input type="checkbox"/> \$720	Beg & Adv <input type="checkbox"/> \$740

*Box Lunch included in registration fee

Product Type	Total
Standard Registration	\$
Pre-Congress Course(s)	\$
Gala Dinner	\$
Faculty Appreciation Dinner	\$
TOTAL (USD)	\$

PAYMENT INFORMATION

All credit card charges will appear in U.S. Dollar.

Method of Payment: Check enclosed, made payable to: AAEM
 Visa Master Card Discover

Card Number _____ Expiration Date _____

Cardholder's Name _____ Cardholder's Signature _____

Please contact info@emcongress.org or +1-800-884-2236/+1-414-276-7390 with any questions.

Please return a copy of this registration with payment to: MEMC-GREAT 2017, 555 E. Wells St., Suite 1100, Milwaukee, WI 53202 or via facsimile: +1-414-276-3349

CONGRESS CANCELLATION POLICY

Refund requests must be submitted in writing at least one month prior to the event. A \$50 processing fee will be charged for cancellations. Refunds are processed after the meeting. No refunds are granted if cancellation is received less than one month prior to the event. Special considerations will be given for health or family emergencies if requested in writing no later than 15 days after the last day of the meeting.