

THE
EMERALD COAST
 CONFERENCE

JUNE 5-9, 2022 • SANDESTIN GOLF & BEACH RESORT

Conference Registration

Register online at www.tinyurl.com/EMeraldCoast2022 or mail form to Emerald Coast Conference, Attn. Meghan Martin, PO Box 1900, Montgomery, AL 36102-1900. Fax (334) 269-5200.

PLEASE PRINT CLEARLY

Name _____

Address _____

City, State ZIP _____

Cell Phone _____ E-mail _____

Dietary Needs _____

Designation MD DO PA NP
 LPN EMT Other _____

I agree to my name and address being shared with conference exhibitors.

CONFERENCE TUITION
(On or before May 20)

- ACEP Member \$425
- Non-member Physician \$475
- PA/NP \$225 *Conference Only*
- RN, LPN, EMT \$150 *Conference Only*
- Resident/Student \$0

- Dr. Sam Heard Memorial GolfTournament - individual \$110 *Register by May 16*
- Dr. Sam Heard Memorial GolfTournament - team of 4 \$440 *Register by May 16*

_____ Number of adults attending the Monday evening welcome reception

_____ Number of children attending the Monday evening welcome reception

CONFERENCE TUITION
(After May 20)

- ACEP Member \$475
- Non-member Physician \$550
- PA/NP \$275 *Conference Only*
- RN, LPN, EMT \$225 *Conference Only*
- Resident/Student \$0

**PRE-CONFERENCE
REGISTRATION**

- Boot Camp Parts 1 & 2 \$300
Advanced practice providers; limit 25
- Boot Camp Part 1 \$100 *lectures only*
- Pediatric Procedures and Ultrasound
Workshop \$100 *limit 25*
- Pediatric Cardiovascular Emergencies
Simulation Workshop \$100 *limit 25*

ACCOMMODATIONS

Sandestin Golf and Beach Resort, 9300 Emerald Coast Pwky W, Miramar Beach, FL 32550

Room rates begin at \$189 per night. For room reservations call (800) 320-8115 with group code 24L1MN or reserve a room online at www.sandestin.com/24L1MN. The deadline to reserve a room at the discounted rate is May 5, 2022.

DETAILS

More conference information is online at www.alacep.org. If you have special needs and/or need assistance, please contact Meghan Martin, at (334) 954-2500 or Mmartin@alamedical.org.

PAYMENT (NOTE: No refunds will be issued after May 20)

Check payable to AL-ACEP Credit Card: VISA MasterCard American Express

Cardholder Name _____ Email address for receipt: _____

Card Number _____ Exp. Date _____ Security Code _____

Billing Address _____ City, State ZIP _____

Signature _____ Amount: \$ _____