

THE
EMERALD COAST
 CONFERENCE

JUNE 5-8, 2023 • SANDESTIN GOLF & BEACH RESORT

Conference Registration

Register online at www.tinyurl.com/EMeraldCoast2023 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 18)

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

CONFERENCE TUITION
 (After May 18)

- ACEP Member \$550
- Non-member Physician \$625
- PA/NP \$325 *Conference Only*
- RN, LPN, EMT \$275 *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

ADDITIONAL OFFERINGS

- APP Boot Camp and Skills Lab \$150
(Tuesday 7 a.m. - 6 p.m.)
- High Risk Procedures Workshop \$100
Monday 1 p.m. - 4 p.m.)
- Pediatric Concundrums Workshop \$100
(Tuesday 1 p.m. - 3:45 p.m.)
- Ultrasound Workshop \$100
(Wednesday 1 p.m. - 5 p.m.)

ACCOMMODATIONS

Sandestin Golf and Beach Resort, 9300 Emerald Coast Pkwy W, Miramar Beach, FL 32550
 Room rates begin at \$199 per night. For room reservations call (800) 320-8115 with group code 240904 or reserve a room online at www.sandestin.com/240904. The deadline to reserve a room at the discounted rate is May 3, 2023.

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 18)

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: \$ _____