



JUNE 3-6, 2024 • SANDESTIN GOLF & BEACH RESORT

Conference Registration

Register online at www.tinyurl.com/EMeraldCoast2024 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 _____ Designation MD DO PA NP
Address _____ LPN EMT Other _____
City, State ZIP _____
Cell Phone _____ E-mail _____
Dietary Needs _____

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

CONFERENCE TUITION (On or before May 16)

- 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 16)

- ACEP Member \$550
- Non-member Physician \$625
- PA/NP \$325 *Conference Only*
- RN, LPN, EMT \$275 *Conference Only*
- Resident/Student \$0

Monday Welcome Reception (5:00 - 7:00 p.m.)

- ____ Number of adults attending the Monday evening welcome reception
____ Number of children attending the Monday evening welcome reception

Tuesday Golf Tournament (1:00 - 4:00 p.m.)

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

Wednesday Pickleball Tournament (2:00 - 4:00 p.m.)

- Individual \$25
- Team \$50

ADDITIONAL OFFERINGS

- APP Boot Camp and Skills Lab \$150
Monday 7:00 a.m. - 5:45 p.m.
- Pediatric Emergencies Workshop \$100
Tuesday 1:00 - 4:15 p.m.
- Ultrasound Essentials for 2024 \$100
Tuesday 1:00 - 5:00 p.m.
- Emergency Procedures Workshop \$100
Wednesday 1:00 - 5:00 p.m.

ACCOMMODATIONS

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

Room rates begin at \$204 per night. For room reservations call (800) 320-8115 with group code 24R1R0 or reserve a room online at www.sandestin.com/24R1R0. The deadline to reserve a room at the discounted rate is May 1, 2024.

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 16)

- 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: \$ _____