

Discover Real - World Solutions to Common ED Problems

REGISTRATION FORM

To register by mail: return this form with your payment to
Florida Emergency Medicine Foundation
3717 S. Conway Road, Orlando, FL 32812
Tel: (407) 281-7396 or (800) 766-6335
Fax (407) 281-4407

Make checks payable to: FEMF

Registration Fee Enclosed (check one):

Prior to February 6, 2004

___ \$ 495.00 Physician / Administrators

___ \$ 395.00 FCEP / Benchmark Alliance Member

___ \$ 250.00 **Residents

___ \$ 375.00 *Allied Health

After February 6, 2004

___ \$ 550.00 Physician / Administrators

___ \$ 470.00 FCEP / Benchmark Alliance Member

___ \$ 250.00 **Residents

___ \$ 450.00 *Allied Health

*Allied Health includes-Nurses, and PA's

**Residents must include a letter from your director with this form.

Note: Fees will increase by \$75.00 if registration is received after February 6, 2004

NAME _____
(As it is to appear on badge)

TITLE _____ LIC# _____ Exp. Date _____ State Of License _____

HOSPITAL/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____ Email _____

PLEASE BILL TO MY (check one): ___ VISA ___ MASTERCARD **(AMERICAN EXPRESS NOT ACCEPTED)**

Note: Form may be faxed if using a credit card with cardholder signature only. Fax number (407) 281-4407

Card # _____ Exp. Date _____

Cardholder Name _____ Signature _____

Amount Enclosed \$ _____

The following are challenges faced by my ED for Town Hall Forum discussion:

Note: Cancellation and refunds will be made only if requested in writing to the Benchmarking Conference Registrar. No refunds will be made after March 2004. For all cancellations, an administrative fee of \$75.00 will be retained. Registration may be transferred to another individual.

*Conference confirmation letters will be mailed upon receipt of payment.

FEDERAL TAX ID #59-3001777

ED Benchmarks

2004

