



Emergency Department Directors Academy – Phase IV

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REGISTER BY EMAIL

gwestbrook@acep.org

REGISTER BY PHONE

800-798-1822

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972-580-2816
(Available 24 hours)

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ACEP Meeting Registration
PO Box 619911
Dallas, TX 75261-9911

1 REGISTRATION FEES

Registration rate

- ACEP Member \$950
- Non-Member \$1,050

2 CONTACT INFORMATION

NAME (Last, First, Middle) _____ ACEP ID NUMBER _____ NATIONAL PROVIDER IDENTIFIER (NPI) _____

TITLE (MD, DO, RN, NP, LVN, EMT, PARA, PhD, RPh, PharmD, PA, FACEP) _____

MAILING ADDRESS _____ CITY/STATE/COUNTRY/ZIP+4 _____

PREFERRED TELEPHONE NUMBER (Including area code) _____ E-MAIL ADDRESS (Required for ACEP confirmation & evaluation correspondence only) _____

3 PAYMENT METHOD *(Payment is due at time of registration)*

- Please charge my credit card: VISA MasterCard Discover American Express
- My check for \$ _____ is enclosed (Payable to ACEP in US currency only)

NAME AS IT APPEARS ON CARD (Please Print) _____ CARD NUMBER _____ EXPIRATION DATE _____

SECURITY CODE _____ ZIP CODE OF BILLING ADDRESS _____ SIGNATURE _____

QUESTIONS OR INFORMATION **E-MAIL:** meetingregistrar@acep.org