

REGISTRATION FORM

Scottsdale, AZ

April 28 - May 1 2019



ATTENDEE INFORMATION

Name _____ Badge Name _____

Title _____ Degree: ☐ MD ☐ DO ☐ RN Other: _____

Company _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

Please indicate if you have any special meal requests: ☐ Kosher ☐ No Nuts ☐ Vegan ☐ Vegetarian ☐ Other: _____

☐ Yes, I am a new member ☐ Yes, this is my first Solutions Summit



REGISTRATION INFORMATION

Registration Fees	Early Bird Until 2/15/2019	Regular After 2/15/2019
MEMBER RATES		
Full Conference	<input type="checkbox"/> \$749	<input type="checkbox"/> \$849
Full Conference Group Rate: 4 to 9	<input type="checkbox"/> \$739	<input type="checkbox"/> \$799
Full Conference Group Rate: 10 to 19	<input type="checkbox"/> \$729	<input type="checkbox"/> \$749
Full Conference Group Rate: 20+	<input type="checkbox"/> \$699	<input type="checkbox"/> \$699
One Day Only: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350
Half Day Only: <input type="checkbox"/> Wednesday	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250
NON-MEMBER RATES		
Full Conference	<input type="checkbox"/> \$949	<input type="checkbox"/> \$1149
Full Conference Group Rate: 4 to 9		<input type="checkbox"/> \$1099
Full Conference Group Rate: 10 to 19		<input type="checkbox"/> \$1049
Full Conference Group Rate: 20+		<input type="checkbox"/> \$999
One Day Only: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500
Half Day Only: <input type="checkbox"/> Wednesday	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300



PAYMENT INFORMATION

☐ Check payable to: **EDPMA** Mail to: EDPMA, 1420 New York Avenue, 5th Floor, Washington, DC 20005

☐ American Express ☐ MasterCard ☐ VISA Name on Card: _____

Card Number: _____ Expiration: _____

Cancellation Policy: Cancellations must be received in writing to registration@interelgroup.com. A \$250 fee will apply to ALL registrations cancelled before **Monday, April 1, 2019**. **Absolutely NO** refunds will be made after that date. However, should you be unable to attend at the last minute, registration may be transferred to another individual at the same company. Registration fees cannot be transferred to any future event.

Group Registration: To be eligible for the EDPMA group registration rates, all members of the group must be ready to register at the same time. An individual's rates will not be changed or refunded if a group is formed after an individual has registered. Carefully plan your group before registering to ensure the best rates.

Registration Questions: Call 202-802-9030 or Email: registration@interelgroup.com

Fax to 202-280-1080

EDPMA Solutions Summit

Emergency Medicine Feeling the Heat: Don't Let Your Practice Get Burned



ADDITIONAL OPTIONS

☐ Yes, I will be attending the New Member/New Attendee Breakfast

Golf Tournament:
Saturday, April 27 – 1:00pm
☐ \$150 each

Will you be renting golf clubs for \$55 plus tax?
☐ Yes..... ☐ No

Will you require men's right or left hand or women's right or left hand golf clubs?

If you are registered for the gold tournament who would you like to be paired with?

Guest of Attendee: Pre-Conference. Reception
April 28 time TBD

☐ \$50 each Qty: _____

Guest of Attendee: Opening Reception
April 29 5:30pm – 7:00pm

☐ \$50 each Qty: _____

Guest of Attendee: Closing Reception
May 1 5:30pm – 7:30pm

☐ \$50 each Qty: _____