

# 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
<b>MEMBER RATES</b>		
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
<b>NON-MEMBER RATES</b>		
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, 5<sup>th</sup> 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](mailto: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.

# EDPMA Solutions Summit

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

Registration Questions: Call 202-802-9030 or Email: [registration@interelgroup.com](mailto:registration@interelgroup.com)  
Fax to 202-280-1080