

REGISTRATION FORM

NJ-ACEP 2004 Scientific Assembly

May 11, 2004

The National Conference Center at The Ramada Inn, East Windsor

NAME: _____

PHONE: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

Fees include CME lectures, handouts, continental breakfast, breaks, lunch, exhibits, and poster presentations.

Physicians

NJ-ACEP Members \$125 _____

Non-Member Physicians \$250 _____

Residents \$25 _____

Students (No Charge) _____

Mid Level Practitioners

Physician Assistants \$100 _____

Nurse Practitioners \$100 _____

Allied Health Providers

Paramedics / EMTs \$60 _____



Method of Payment:

Check enclosed made payable to NJ-ACEP

Credit Card (*circle one*)

Visa

Master Card

Credit Card No. _____ - _____ - _____ - _____

Name of Cardholder _____ Expiration Date _____

Signature _____

Please return this form with your payment to:

NJ-ACEP, 214 West State Street, Trenton, NJ 08608

Phone: (609) 392-1213

Fax: (609) 392-2664

DIRECTIONS AND CONFIRMATION WILL BE EMAILED UPON RECEIPT OF YOUR COMPLETED REGISTRATION