

R E G I S T R A T I O N I N F O R M A T I O N

Return to: SUNY Upstate Medical University
Department of Emergency Medicine, EMSTAT Center,
550 East Genesee St., Ste. 103, Syracuse, NY 13202, Attn. Rose More

For more information, please contact the Department of Emergency Medicine at:
Phone (315)-464-4851, Fax (315) - 464-4854, E-mail morer@upstate.edu

**CONTEMPORARY ISSUES IN EMERGENCY MEDICINE
WEDNESDAY, APRIL 7, 2010
THE GENESEE GRANDE HOTEL
1060 EAST GENESEE ST., SYRACUSE, NY**

(please print)

Name: _____

Degree/ Occupation: MD/DO ___ PA ___ NP ___ RN ___ LPN ___ Student ___
Resident ___ Other _____

Mailing Address: ___Home or ___Work _____

City, State, Zip: _____ - _____

Phone: _____ Email: _____

- Physician (M.D., D.O.): _____ \$150.00
- All Other Healthcare Professionals: _____ \$90.00
- Military Discount (copy of ID required) _____ \$80.00
- Non-SUNY Upstate Medical University Students and Residents: _____ \$50.00
- SUNY Upstate Medical University Residents _____ \$35.00

Indicate Department _____

- SUNY Upstate Medical University students (ID Required) _____ \$0.00 without lunch
- _____ \$20.00 with lunch

Registration Deadline is April 1, 2010

An additional \$20.00 administrative fee will be charged for all on-sight registrations.
Paid registration fee includes tuition, course materials, breaks, and lunch.

Cancellation Policy: If you need to cancel your registration, a refund will be given less an administrative fee of \$20.00 if written notice is received in the Department of Emergency Medicine postmarked no later than April 1, 2010. No refunds will be issued after this date.

Please indicate method of payment:

_____check payable to: **Upstate Emergency Medicine Inc.**
_____ Visa _____ Master Card

If you are paying by credit card, you can FAX your registration to **(315) 464-4854**

Credit Card number _____ Exp Date _____

3 Digit CRV # (located on the back of the Credit card) _____

Signature _____

Name as it appears on Credit Card (print) _____

Credit Card Billing Address:

Name: _____ same as registrant
Address _____ same as registrant
City _____
State _____ Zip: _____ - _____