

REGISTRATION FORM

Nashville, TN
May 3-6, 2020



EDPMA Solutions Summit

Fine Tuning Emergency Medicine:
Amplify Your Performance

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 2/14/2020	Regular After 2/15/2020
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

ADDITIONAL OPTIONS
<input type="checkbox"/> Yes, I will be attending the New Member/ New Attendee Breakfast
Guest of Attendee: Preconference Reception May 2, 5:30 - 7:00pm <input type="checkbox"/> \$50 each Qty: _____
Guest of Attendee: Opening Reception May 3, 5:30 - 7:00pm <input type="checkbox"/> \$50 each Qty: _____
Guest of Attendee: Tuesday Night Reception May 5, 5:30 - 7:30pm <input type="checkbox"/> \$50 each Qty: _____



PAYMENT INFORMATION

Check payable to: **EDPMA** Mail to: EDPMA, 7918 Jones Branch Drive, Suite 300, McLean, VA 22102

American Express MasterCard VISA Name on Card: _____

Card Number: _____ Expiration: _____

Cancellation Policy: Cancellations must be received in writing to pgerard@edpma.org. A \$250 fee will apply to ALL registrations cancelled before **Wednesday, April 1, 2020**. **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 703-506-7675 or Email: pgerard@edpma.org
Fax to 703-506-3266