

# 18th Annual American Academy of Emergency Medicine Scientific Assembly

## Registration Form Print your name below as you wish it to appear on your badge.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Degree (MD/DO): \_\_\_\_\_

Send additional conference information to my  Home  Institution (address below)

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I require:  AMA PRA Category 1 Credit(s)<sup>™</sup>  Category 2A AOA Credit  No Credit Necessary

	Registration On or Before January 5, 2012		Registration After January 5, 2012	
	AAEM Members	Non-AAEM Members	AAEM Members	Non-AAEM Members
<b>Monday, February 6, 2012</b>				
Resuscitation for Emergency Physicians: The AAEM Course* (2 day course) (Monday 7:40am-5pm; Tuesday 7:45am-5pm)	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$850.00	<input type="checkbox"/> \$600.00	<input type="checkbox"/> \$950.00
Pediatric Emergencies: Children are Not Little Adults (8am-5pm)	<input type="checkbox"/> \$300.00 <input type="checkbox"/> \$200.00 - Residents <input type="checkbox"/> \$100.00 - Students	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$400.00 <input type="checkbox"/> \$300.00 - Residents <input type="checkbox"/> \$200.00 - Students	<input type="checkbox"/> \$500.00
Update on Humanitarian and Disaster Relief Missions - Bringing Military Experience to You (1pm-5pm)	<input type="checkbox"/> \$25.00 USAAEM Member, Residents and Students	<input type="checkbox"/> \$75.00 Non-USAAEM Member	<input type="checkbox"/> \$25.00 USAAEM Member, Residents and Students	<input type="checkbox"/> \$75.00 Non-USAAEM Member
<b>Tuesday, February 7, 2012</b>				
Advanced Ultrasound* Full-Day (8am-4:15pm)	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$575.00	<input type="checkbox"/> \$525.00	<input type="checkbox"/> \$675.00
Pick 6 modules:	<input type="checkbox"/> Image Acquisition and Instrumentation <input type="checkbox"/> Gallbladder, Renal and Aorta <input type="checkbox"/> The FAST Examination <input type="checkbox"/> Venous Access & DVT <input type="checkbox"/> Peripheral Nerve Blocks <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Pelvic Ultrasound <input type="checkbox"/> Testicular Ultrasound			
Advanced Ultrasound* Half-Day: <input type="checkbox"/> 9am-1pm <input type="checkbox"/> 12pm-4pm	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$550.00
Pick 3 modules:	<input type="checkbox"/> Image Acquisition and Instrumentation <input type="checkbox"/> Gallbladder, Renal and Aorta <input type="checkbox"/> The FAST Examination <input type="checkbox"/> Venous Access & DVT <input type="checkbox"/> Peripheral Nerve Blocks <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Pelvic Ultrasound <input type="checkbox"/> Testicular Ultrasound			
Introductory Ultrasound* (8am-4:15pm)	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$575.00	<input type="checkbox"/> \$525.00	<input type="checkbox"/> \$675.00
2011 LLSA Review Course* (1pm-5pm)	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00
PEDS Procedure Lab* (8am-12pm)	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$475.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$575.00
Practice Management Bootcamp (8am-4:30pm)	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00
This Won't Hurt a Bit! Regional Anesthesia for the ED (8am-12pm)	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$525.00
<b>Wednesday, February 8, 2012 - Friday, February 10, 2012</b>		<b>Required Refundable Deposit for AAEM Members</b>		<b>Registration Fee for Non-AAEM Members</b>
General Assembly Registration	<input type="checkbox"/> \$200.00**		<input type="checkbox"/> \$500.00	
AAEM/RSA Resident & Transitional Member	<input type="checkbox"/> \$100.00** <input type="checkbox"/> I am attending the Resident In-Service (Free)		<input type="checkbox"/> \$150.00*** <input type="checkbox"/> I am attending the Resident In-Service (\$75.00)	
AAEM/RSA Student Member	<input type="checkbox"/> \$50.00**/** <input type="checkbox"/> I am attending the Scientific Assembly only <input type="checkbox"/> I am attending the Student Track only <input type="checkbox"/> I am attending both the Scientific Assembly and the Student Track		<input type="checkbox"/> \$100.00*** <input type="checkbox"/> I am attending the Scientific Assembly only <input type="checkbox"/> I am attending the Student Track only <input type="checkbox"/> I am attending both the Scientific Assembly and the Student Track	
Allied Health Professional			<input type="checkbox"/> \$200.00	
<b>TOTAL:</b> _____				

\*Some of these activities are held concurrently. Due to their hands-on format, registration in each of the pre-conference courses is limited.

\*\* Required deposit for all AAEM members. You will have the option now or onsite of donating this refund to the AAEM Foundation. Otherwise, deposits paid by credit card will be automatically credited to the same account number. Deposits paid by check will be paid back by check, made payable to the institution or person issuing the original deposit.

\*\*\* All resident and student non-member registration fees and student free member registration fees will go towards the 2012-2013 AAEM/RSA membership dues, with remaining amount refunded.

I would like to donate my deposit to the AAEM Foundation.  I do not want my name published in AAEM materials/publications in recognition of my donation.

Method of Payment (check one):  Check  VISA  MasterCard  Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send me information about becoming a member of  AAEM  AAEM/RSA  YPS

**Return completed form with appropriate payment to:**

18th Annual Scientific Assembly, American Academy of Emergency Medicine  
555 East Wells Street, Suite 1100, Milwaukee, WI 53202 or fax it to: (414) 276-3349

**For more information,**

**call (800) 884-2236, or email [info@aaem.org](mailto:info@aaem.org)**

**To register online, go to [www.aaem.org](http://www.aaem.org)**

**Please Note:** On occasion, an AAEM photographer or videographer may take photos/videos at the 18<sup>th</sup> Annual Scientific Assembly of attendees who are participating in sessions, functions and/or activities. Please be aware that these photos/videos are for AAEM use only and may appear in AAEM conference brochures, programs, publications, the AAEM website or other AAEM materials. Your attendance at the conference constitutes your permission and consent for this photography.