



MERC at CORD ACEP Workshops 2018

Sunday, September 30, 2018 | San Diego, CA

MERC Registration Form

Registrant Name and degree (MD, DO, PhD, etc.) *(please print)*:

Institution: _____

Address _____

City, State, Zip _____

Cell phone _____ Email (Required) _____

Registration Fees

Registration fee ONLY includes: the MERC Workshops listed below, registration for ACEP is NOT included with MERC workshop registration.

MERC Workshops

09/30/18 AM	Measuring Educational Outcomes with Reliability and Validity	<input type="checkbox"/> \$250.00
09/30/18 PM	Program Evaluation and Evaluation Research	<input type="checkbox"/> \$250.00

Make checks payable to: Council of Emergency Medicine Residency Directors or CORD.

Mail to: 4950 W Royal Ln, Irving, TX 75063

Credit Card: WE ACCEPT ONLY VISA, MASTERCARD and AMERICAN EXPRESS

Please select: **MasterCard** **Visa** **American Express** **CHECK**

Total: \$ _____

Name as it appears on card: _____

Card Number: _____

Expiration Date: _____ CVV Code: _____

Signature: _____

Billing Address Information *(if different from above)*:

Billing Street Address: _____

Billing Address City, State, Zip Code: _____

Registration forms may be sent by fax: 972-692-5347 email: cord@cordem.org or mail to: CORD, 4950 W Royal Ln, Irving, TX 75063.