

**Conference Registration Form**

Name (please print): \_\_\_\_\_ Degree: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email (Required): \_\_\_\_\_

\_\_\_ Dietary Restrictions? Please include me on the Menu List to receive menu emails prior to the conference.

**Please Indicate All That Apply:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> New Program Director $\geq$ 2 yrs   | <input type="checkbox"/> Clerkship Director                   | <input type="checkbox"/> Resident/Fellow     |
| <input type="checkbox"/> Seasoned Program Director $>$ 5 yrs | <input type="checkbox"/> Associate/Assistant Program Director | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Program Director                    | <input type="checkbox"/> Program Coordinator                  | <input type="checkbox"/> First Time Attendee |
| <input type="checkbox"/> Chair                               | <input type="checkbox"/> New Program Coordinator              | <input type="checkbox"/> Other EM Faculty    |

**Registration Fees**

Registration fee includes: Breakfast, Lunch (as indicated on schedule), Wifi in conference areas, electronic syllabus, and reception (one ticket per reception).

**MERC Workshops are not included in the registration fee and are an additional fee to attend.** To receive a registration tier rate, all payments must be postmarked by the close date indicated for that tier.

Registration Type	Early Bird – 1.8.20	1.9.20 – 3.1.20	Onsite
<input type="checkbox"/> CORD Faculty Member	\$625	\$680	\$750
<input type="checkbox"/> Program Coordinator	\$375	\$430	\$500
<input type="checkbox"/> Resident/Fellow	\$375	\$430	\$500
<input type="checkbox"/> Physician Assistant	\$625	\$680	\$750
<input type="checkbox"/> EM Faculty Non-Member	\$725	\$780	\$850
<b>MERC Workshops and Additional Items</b>	<b>Member</b>	<b>Non-Member</b>	
<input type="checkbox"/> MERC01: Formulating Research Questions & Designing Studies	\$300	\$400	
<input type="checkbox"/> MERC02: Searching & Evaluating Medical Education Literature	\$300	\$400	
<input type="checkbox"/> MERC03: Scholarly Writing & Publishing Medical Education Literature	\$300	\$400	
<input type="checkbox"/> Closing Reception Guest Ticket Ticket Qty:	\$45	\$45	
<input type="checkbox"/> Wine & Cheese CORD Awards Reception Ticket Ticket Qty:	\$25	\$25	
<b>NEW ONE DAY REGISTRATION (Circle the day you are registering for)</b>	<b>Early Bird – 1.8.20</b>	<b>1.9.20 – 3.1.20</b>	<b>Onsite</b>
<input type="checkbox"/> CORD Faculty Member - Sunday, Monday, Tuesday Selected Day(s):	\$300	\$355	\$425
<input type="checkbox"/> CORD Faculty Member - Wednesday	\$150	\$205	\$275
<input type="checkbox"/> Program Coordinator - Sunday, Monday, Tuesday Selected Day(s):	\$125	\$175	\$245
<input type="checkbox"/> Program Coordinator - Wednesday	\$75	\$125	\$195
<input type="checkbox"/> Resident/Fellow - Sunday, Monday, Tuesday Selected Day(s):	\$125	\$175	\$245
<input type="checkbox"/> Resident/Fellow - Wednesday	\$75	\$125	\$195
<input type="checkbox"/> Physician Assistant - Sunday, Monday, Tuesday Selected Day(s):	\$300	\$355	\$425
<input type="checkbox"/> Physician Assistant - Wednesday	\$150	\$205	\$275
<input type="checkbox"/> EM Faculty Non-Member - Sunday, Monday, Tuesday Selected Day(s):	\$350	\$405	\$475
<input type="checkbox"/> EM Faculty Non-Member - Wednesday	\$175	\$230	\$300

**Limited Events**

Below are limited optional events that do not have an additional fee but require a ticket to enter. Registrations for these events are first come first serve and may be sold out prior to your registration. For information and schedule times please go to [www.cordem.org/academicassembly](http://www.cordem.org/academicassembly)

Consult Services	Resident	
<input type="checkbox"/> Remediation Consults (Limit 30)	<input type="checkbox"/> Chief Resident Symposium (Limit 300)	
<input type="checkbox"/> Diversity Consults (Limit 30)	<input type="checkbox"/> Resident CV Workshop (Limit 150)	
<input type="checkbox"/> Education Research Consults (Limit 30)		

**Payment Information**

**TOTAL REGISTRATION FEES: \$** \_\_\_\_\_

**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 or AMERICAN EXPRESS

**CARD NUMBER:** \_\_\_\_\_ **EXP DATE:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_