



COUNCIL OF RESIDENCY DIRECTORS IN EMERGENCY MEDICINE

Innovation • Collaboration • Scholarship

Send Remittance to:

4950 W. Royal Lane

Irving, TX 75063

Phone: 888-444-2090

Fax: 972-692-5347

Email: cord@cordem.org

Program Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State/Province: _____ Postal Code: _____

Type of Program: (check box) **ACGME**

CORD Dues \$1,000

Program Coordinator Dues ** \$85 each

Additional CORD representatives**\$130 each

Total \$ _____

*CORD Optional

** Optional – Non-voting members have access to the CORD Community & Benefits – see page 2

Payment can be made by check (make checks payable to CORD) or credit card: **MasterCard Visa American Express ONLY**

Total Remitted: \$ _____

Card Number: _____ Expiration Date: _____

Billing Street Address: _____

CVV Code: _____ Billing Zip Code: _____

Name as it appears on card: _____

Signature: _____

OR

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

Thank you

Please complete Second Page

Program Phone Number: _____ Program Fax Number: _____

Residency Coordinator Information: Residency Coordinators are automatically subscribed to the Residency Coordinators' community; unlimited coordinators can be included with no additional fee.

Name: _____ Degree/Designation: _____ Email: _____

Position: _____ Length of time in this position: _____

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Position: _____ Length of time in this position: _____

Name: _____ Degree/Designation: _____ Email: _____

Position: _____ Length of time in this position: _____

The CORD bylaws state that full member programs shall have five representatives consisting of the residency director, the clerkship director, two faculty designees and a resident member. Therefore, please list below your program's Program Director, clerkship director, two additional representatives, a resident and their email addresses. (CORD representatives are automatically subscribed to the CORD community and other member benefits)

1. Name: _____ Degree/Designation: _____ Email: _____

Position: _____ Length of time in this position: _____

2. Name: _____ Degree/Designation: _____ Email: _____

Position: _____ Length of time in this position: _____

3. Name: _____ Degree/Designation: _____ Email: _____

Position: _____ Length of time in this position: _____

4. Name: _____ Degree/Designation: _____ Email: _____

Position: _____ Length of time in this position: _____

5. Resident Name: _____ Degree/Designation: _____ Email: _____

Position: RESIDENT ONLY Length of time in this position: _____

The \$1000 dues payment provides for up to 5 physician representatives. Programs wishing to name more than 5 representatives may do so at a cost of \$130 per additional representative. The additional representatives are non-voting representatives (CORD allows one vote per program) but are subscribed to the CORD community and other member benefits.

6. Name: _____ Degree/Designation: _____ Email: _____

Position: _____ Length of time in this position: _____ Fee: \$130

7. Name: _____ Degree/Designation: _____ Email: _____

Position: _____ Length of time in this position: _____ Fee: \$130

8. Name: _____ Degree/Designation: _____ Email: _____

Position: _____ Length of time in this position: _____ Fee: \$305