



## **40<sup>th</sup> Annual Winter Conference on Emergency Medicine Registration Form**

**Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please Check All That Apply:** Fees are nonrefundable. Space is limited. Register early.

- Allied Health Professional (\$125, \$135 postmarked after February 14, 2019)
- Nurse (\$75, \$85 postmarked after February 14, 2019)
- Nurse Practitioner (\$125, \$135 postmarked after February 14, 2019)
- Physician Assistant (\$125, \$135 postmarked after February 14, 2019)
- Paramedic (\$75, \$85 postmarked after February 14, 2019)
- SD ACEP Physician (\$225, \$250 postmarked after February 14, 2019)
- Other Physician (\$250, \$275 postmarked after February 14, 2019)
- Resident or Student (One or Two Day) (\$35, \$60 postmarked after February 14, 2019)
- One Day Registration for Physicians (\$125, \$150 postmarked after February 14, 2019)
- One Day Registration for other Healthcare Provider (\$50, \$65 postmarked after February 14, 2019)

Send your payment by check payable to South Dakota Chapter of American College of Emergency Physicians along with this completed form to: **RCRH Emergency Services**

**ATTN: Stephanie Jankord**  
**PO Box 6000**  
**Rapid City, SD 57709**

*For questions regarding the conference, email [sdacep@gmail.com](mailto:sdacep@gmail.com) or call 605-755-8312*