



I PLAN TO TAKE THE FOLLOWING SPECIALTY EXAMINATION:

- I have no specific plans to take the Board Exam.
Occupational Medicine
Aerospace Medicine
GPM/Public Health
REGISTRATION TYPE: I am an ACPM Member (ID #: ) Non-ACPM Member

Table with 7 columns: Category, Early-bird (4/5/2017 - 6/29/2017), Advance (6/30/2017-8/1/2017), and ONSITE (After 8/1/2017). Rows include Full 5-Day Course, Weekend 2-Day Course, and Specialty Breakout with ACPM Member and Nonmember\* pricing.

Hard Copy Syllabus (only digital copy included in registration fee) \$50

REGISTRATION INFORMATION – Your registration will include:

Join ACPM today and save on registration fees!

- One digital Board Review Course syllabus.
CME and MOC credits
Coffee Breaks

- Member/ Associate - \$350
Resident - \$75
Medical Student - \$30

ACPM will provide a digital copy of the syllabus including slides and review questions. A hard copy can purchased for an additional \$50 in conjunction with registration.

Dietary or Mobility Requirement
Name:
Degree(s):
Employer or Institution (for use on name badge):
Mailing Address:
City/State/Zip:
Phone:
E-mail:
Emergency Contact:
Emergency Contact Phone:

Cancellation Policy: Refunds are subject to an administrative fee of \$150 and will be made only upon written notification of cancellation received on or before August 1, 2017. NO REFUNDS WILL BE MADE AFTER AUGUST 1, 2017.

PAYMENT INFORMATION – Payment must accompany your registration. ACPM does not register attendees by phone.

- Check
Visa
MasterCard
American Express
Discover

Credit Card Number:
Exp. Date:
Total Amount Due: \$
CVV2 (required)
Billing Address/Zip
Card Holder Name:
Signature:

MAIL, FAX OR EMAIL FORM WITH PAYMENT NO LATER THAN 8/1/17 TO JBRADSHAW@ACPM.ORG