

Registration Form—Submit by Mail or Fax

Alliance for Continuing Medical Education's 37th Annual Conference Registration Form

Saturday–Tuesday, January 21–24, 2012
Grande Lakes Orlando—The Ritz-Carlton® and JW Marriott®, Orlando, Florida

Register for this conference, if you

- Are new to the CME/CE/CPD profession and need to learn the basics.
- Are a physician appointed to a CME/CE/CPD position and want to enhance your educational expertise.
- Have been working in the field but want to sharpen your skills.
- Have an in-depth understanding of CME/CE/CPD but want to expand your knowledge and advance the field.
- Are pursuing accreditation and seek to understand the CME/CE/CPD process.
- Have been doing meeting management/planning and are interested in finding out more about CME/CE/CPD.
- Are working for a pharmaceutical, device, or commercial support organization and want to collaborate with CME/CE/CPD providers.

Registrant Information

First Name _____ Last Name _____ Degree(s) _____
Title _____ Organization _____
Work Street Address _____
City _____ State/Province _____ ZIP/Postal Code _____ Country _____
Work Tel ____ / ____ - ____, ext. ____ Fax ____ / ____ - ____ Toll-Free ____ / ____ - ____, ext. ____
E-mail Address Required to Receive E-mail Confirmation _____

Registrant with Disability

The Alliance is committed to making the 37th Annual Conference accessible to all individuals. If you have a disability, describe any auxiliary aid or service, as identified in the Americans with Disabilities Act, which you need. Most requests can be accommodated, if the Alliance receives notification by 5:00 pm CST, Friday, November 11, 2011.

Needed Auxiliary Aid or Service _____

Contact in Case of an Emergency

First Name _____ Last Name _____ Tel ____ / ____ - ____, ext. ____

Mentor/Mentee Program

- Mentee — Check, if you are a newcomer to CME/CE/CPD and want a mentor
- Mentor — Check, if you are an experienced CME/CE/CPD professional and want to be a mentor for a newcomer to CME

For your form to be processed, please complete next page.



Registration Form – Continued

Payment Method

- Check (US Funds Payable to the Alliance for Continuing Medical Education)
 Credit Card (Charge from the Alliance for Continuing Medical Education Appears on Your Statement)

VISA MasterCard American Express Discover

Cardholder's Name _____ Security Code from Credit Card _____
Credit Card Number _____
Expiration Date _____ / _____ Credit Card Billing Address Zip Code _____
Signature _____

Payment Processing and Receipt

- Payment will be processed as soon as possible.
- Receipt of payment will be sent by e-mail as soon as possible, if an e-mail address was provided on this form.

2012 Alliance Membership List and Annual Conference Participants' Lists

- I do not want my information, i.e., name, title, organization, and mailing address, to appear on the membership list licensed to vendors/third parties renting the list, the participants' list (as of November 25, 2011) rented to exhibitors, the participants' list (as of January 1, 2012) posted on the Alliance's Web site approximately one week prior to the 37th Annual Conference, and the final participants' list provided complimentary to exhibitors after the conference.

Cancellation by Registrant

An administrative charge of \$150 will be assessed for any cancellation, and 2012 Alliance membership dues are not refundable. To receive a refund for the registration fee, cancellation must be made in writing, sent to Marissa Green by e-mail to mgreen@acme-assn.org and received by 5:00 pm CST, Friday, December 16, 2011. No refunds will be issued for cancellations received after 5:00 pm CST, Friday, December 16, 2011.

Alliance for Continuing Medical Education
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The Alliance for Continuing Medical Education is a 501(c)(3), nonprofit, professional association.
Its federal tax identification number is #06-0999696. Membership dues are tax deductible.

[Click Here](#) for information about and/or to participate in the Give Back to Orlando Service Project.

