



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

Category	Early-bird (2/16/2018 – 6/25/2018)		Advance (6/26/2018-7/30/2018)		ONSITE (After 7/30/2018)	
	ACPM Member	Nonmember*	ACPM Member	Nonmember*	ACPM Member	Nonmember*
Full 5-Day Course	\$939	\$1,339	\$999	\$1,399	\$1,199	\$1,599
*ACPM members save \$400 on registration – MEMBERSHIP MUST BE CURRENT						
Weekend 2-Day Course	\$564	\$764	\$614	\$814	\$814	\$1,014
*ACPM members save \$200 on registration – MEMBERSHIP MUST BE CURRENT						
Specialty Breakout	\$449	\$649	\$499	\$699	\$699	\$899
*ACPM members save \$200 on registration – MEMBERSHIP MUST BE CURRENT						

REGISTRATION INFORMATION – Your registration will include:

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

Join ACPM today and save on registration fees!

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

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 July 30, 2018. NO REFUNDS WILL BE MADE AFTER JULY 30, 2018.

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: _____