



# 2019 Emergency Medicine Resident Career Day & Job Fair Registration Form

Please print. This form may be photocopied.

Residency Program: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Department: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

1. Resident: \_\_\_\_\_  MD  DO PG Year \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Resident: \_\_\_\_\_  MD  DO PG Year \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Resident: \_\_\_\_\_  MD  DO PG Year \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Resident: \_\_\_\_\_  MD  DO PG Year \_\_\_\_\_ E-mail: \_\_\_\_\_

5. Resident: \_\_\_\_\_  MD  DO PG Year \_\_\_\_\_ E-mail: \_\_\_\_\_

6. Resident: \_\_\_\_\_  MD  DO PG Year \_\_\_\_\_ E-mail: \_\_\_\_\_

7. Resident: \_\_\_\_\_  MD  DO PG Year \_\_\_\_\_ E-mail: \_\_\_\_\_

8. Resident: \_\_\_\_\_  MD  DO PG Year \_\_\_\_\_ E-mail: \_\_\_\_\_

9. Resident: \_\_\_\_\_  MD  DO PG Year \_\_\_\_\_ E-mail: \_\_\_\_\_

10. Resident: \_\_\_\_\_  MD  DO PG Year \_\_\_\_\_ E-mail: \_\_\_\_\_

**Registration**

Resident Free

Attending Physician \$75

Total: \_\_\_\_\_

**Check Payments**

Mail this completed application along with your check (payable to New York ACEP) to:

New York American College of Emergency Physicians  
1130 Crosspointe Lane, Suite 10B  
Webster, NY 14580-2986

For credit card payments, register online.