



2025 RESIDENCY & FELLOWSHIP FAIR Virtual July 21-24 2025, 9am – 9pm CT

REGISTRATION OPTIONS (MAKE YOUR SELECTION/CHOOSE YOUR OPTION)

The 2025 Residency & Fellowship Fair gives your institution three ways to showcase your program: (1) in person at SAEM25, (2) virtually in July 2025, or (3) both! If you select virtual only, please note that each time slot represents one 50-minute session. You are free to use your time slot(s) however you wish – combine all programs into one or market each program in their own time slot.

	Registration Dates		Virtual July 21-24, 2025 <i>Price per time slot</i>	
	Late after 5/1/25		___ # of slots at \$450 per slot	

Once payment is received instructions for selecting virtual time slot(s) will be sent to the contact person on this form.

CONTACT & PROGRAM INFORMATION (PLEASE ENTER THE PROGRAM NAME EXACTLY AS IT SHOULD APPEAR IN MARKETING)

Pronouns: He Him His She Her Hers They Them Theirs Ze Zir Zirs Do not wish to disclose

Contact Name: _____

Email: _____ **Phone:** _____

Program Name: _____

Institution/School: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Does this program accept International students? Yes No

Indicate the institution/program you'd like to be placed next to: _____
SAEM will make every effort to honor your request, however table requests are not guaranteed.

Table Representative #1 Name: _____ **Email:** _____

Table Representative #2 Name: _____ **Email:** _____

Fellowship Options (check all that apply):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Injury Control | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Global Health/International | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Disaster Medicine | <input type="checkbox"/> Health Policy | <input type="checkbox"/> Research | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Education | <input type="checkbox"/> Hyperbaric/Undersea | <input type="checkbox"/> Sex & Gender in EM | <input type="checkbox"/> Wilderness Medicine |
| <input type="checkbox"/> EMS | <input type="checkbox"/> Informatics | <input type="checkbox"/> Simulation | <input type="checkbox"/> Other _____ |

METHOD OF PAYMENT

Make CHECKS payable to SAEM. US Dollars only

Name on Card: _____ **Total Amt Due** \$ _____

Credit Card Number: _____ **Expiration:** _____ **CVV#:** _____
(AmEx/Visa/MasterCard/Discover)

Signature: _____

**Please submit your completed registration form to events@saem.org or fax to 847.813.5450
(847) 257-SAEM (7236) | 1111 East Touhy Avenue, Suite 540 | Des Plaines, IL 60018**

CANCELLATION POLICY

A \$50 fee will be charged for cancellations made on or before March 11, 2025
 A \$100 fee will be charged for cancellations made on or between March 12 and May 1, 2025
 NO refunds will be issued for cancellations made after May 1, 2025.