

Please complete this form to register your team.  
Completed form must be emailed to [cmgedeon@outlook.com](mailto:cmgedeon@outlook.com) by  
September 20<sup>th</sup>, 2025.

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Primary Contact for Team: \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Title \_\_\_\_\_

**Team Details**

Team Name \_\_\_\_\_

Residency Program \_\_\_\_\_

**Team Members**

Team Member 1 \_\_\_\_\_

ACP Number \_\_\_\_\_

Team Member 2 \_\_\_\_\_

ACP Number \_\_\_\_\_

Team Member 3 \_\_\_\_\_

ACP Number \_\_\_\_\_

Alternative Team Member \_\_\_\_\_

ACP Number \_\_\_\_\_

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**REMINDERS**

All Team Members must:

- Be ACP Members in good standing
- Register for the Annual Meeting (registration details to follow once finalized)

\_\_\_\_\_  
**Submitter Name**

\_\_\_\_\_  
**Date**