

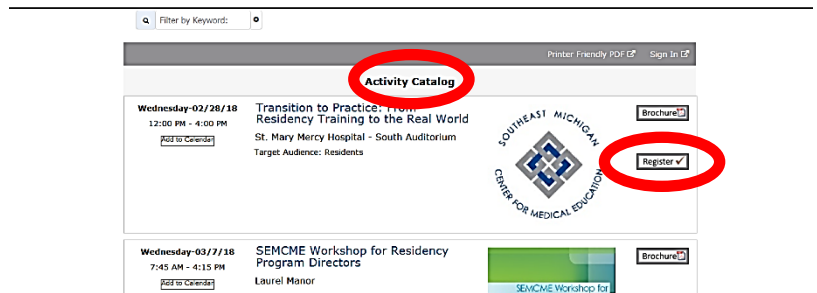
SEMCME GROUP REGISTRATION INSTRUCTIONS



1. Point your browser to <https://semcme.org/registration-2/> or click the **Register for Course** button on the home page.
2. Find the event in the Activity Catalog and click Register

Please use the Activity Catalog below to register and to access event information and brochures.
Once you click "Register," you will be asked to log in if you are a returning user or you will be asked to create an account.
A confirmation email will be sent to the email on the account. Please retain these for your records.
If you have an account, but you have forgotten your password, there is a "forgot password" link on the log in form that will email you your password once you enter your email address.
If you need more website and registration support, please send an email to:

semcme@med.wayne.edu



3. The event information will load along with the "Sign In" form:

Activity Registration

Transition to Practice: From Residency Training to the Real World

Wednesday, February 28, 2018

St. Mary Mercy Hospital
South Auditorium
36475 Five Mile Road
Livonia, MI 48154

12:00 PM - 4:00 PM

4. Check "I am registering for a group."

5. Enter your account password

6. Enter your email address

Sign In

Welcome!

To sign in, please follow the steps below:

I am Registering for myself:

I am a new user (You'll create a password later)

4. I am registering for a group.

5. New or Existing Group Password:

6. If New list - leave blank. Or, enter pending List ID:

Email Address:

Group Registration

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7. The Group Registration Page will load.

8. Update your account information if needed.

Registrar Profile And Group List

Please update your profile below as needed.

Registration List (ID: G-1283)

*First Name	*Last Name
<input type="text" value="Lisa"/>	<input type="text" value="Dillon"/>
*Phone Number	Fax Number
<input type="text" value="3139938112"/>	<input type="text"/>
Affiliation/Organization	
<input type="text" value="DMC"/>	
*Email Address	
<input type="text" value="ldillon@dmc.org"/>	

Total: \$0.00

9. Enter the information of the first group member you want to register:

Attendee Information

A. Enter attendee's INDIVIDUAL email. DO NOT use Registrar email. Click Lookup to locate existing record.

B. If record not found, please fill out all the Registrant's information. Scroll down and select **Registration Type**.

C. Select the **Program Sessions** for attendee, agree to the **Cancellation Policy** and Click **Add To List**.

D. Once you complete entering all registrants, click on **Pay Now** to complete the transaction or **Save For Later** to make payment at a later time.

Email Address	Re-Enter Email Address	<input type="button" value="Lookup"/>
<input type="text" value="gkeiffer@med.wayne.edu"/>	<input type="text" value="gkeiffer@med.wayne.edu"/>	

10. Click "Lookup"

The system will search for this user. If the person is not found, please complete the fields on this person. The information will be saved for future use. Only fields with an "*" are required.

Email Address	Re-Enter Email Address	<input type="button" value="Lookup"/>		
<input type="text" value="gkeiffer@med.wayne.edu"/>	<input type="text" value="gkeiffer@med.wayne.edu"/>			
*First Name	*Last Name	Degree(s)	*Institution	
<input type="text" value="Ginger"/>	<input type="text" value="Keiffer"/>	<input type="text" value="BS"/>	<input type="text" value="SEMCMC"/>	
Specialty	Sub Specialty	* Status	PGY Level	Last 4 SSN
<input type="text"/>	<input type="text"/>	<input type="text" value="Admin"/>	<input type="text"/>	<input type="text"/>
*Country	*Address	Address Line 2		
<input type="text" value="United States"/>	<input type="text" value="4201 St Antoine"/>	<input type="text"/>		
*City	*State/Prov	*Zip/Postal Code	*Mobile Number	
<input type="text" value="Detroit"/>	<input type="text" value="MI"/>	<input type="text" value="48201"/>	<input type="text" value="3135771234"/>	

11. Select the registration type. All SEMCME Member Hospitals will have a \$0.00 fee.

Registration Fees

*Registration Type
SEMCME Member - 0.00

All Fees in US Dollars

12. Click "Add to List"

Payment

Total Due
\$0.00

Pay By Check/Invoice (Payment form will be emailed to you)
credit cards accepted:
VISA MASTERCARD AMEX

Add To List

Southeast Michigan Center for Medical Education (SEMCME)
4201 St. Antoine, UHC 9A
Detroit, MI 48201
TEL (313) 577-7559
FAX (313) 577-1301
<https://semcme.org/contact-us/>

13. Look on the Registrar Profile and Group List to see confirmation that the person was registered:

Registrar Profile And Group List

Please update your profile below as needed.

*First Name: Lisa
*Last Name: Dillon
*Phone Number: 3139938112
Fax Number:
Affiliation/Organization: DMC
*Email Address: ldillon@dmc.org

Registration List (ID: G-1283)

Sys id	Confirm #	First	Last	AmountDel
14686	RA15-Q0529	Ginger	Keiffer	0.00

Submit Save for Later Total: 0.00

14. Scroll down and enter the email of the next person you wish to register and follow steps 10-13.

Attendee Information

A. Enter attendee's INDIVIDUAL email. DO NOT use Registrar email. Click Lookup to locate existing record.

B. If record not found, please fill out all the Registrant's information. Scroll down and select **Registration Type**.

C. Select the **Program Sessions** for attendee, agree to the **Cancellation Policy** and Click **Add To List**.

D. Once you complete entering all registrants, click on **Pay Now** to complete the transaction or **Save For Later** to make payment at a later time.

Email Address Re-Enter Email Address

15. See the sample below showing two people registered:

Registrar Profile And Group List

Please update your profile below as needed.

*First Name *Last Name

*Phone Number Fax Number

Affiliation/Organization

*Email Address

Registration List (ID: G-1283)

Sys id	Confirm #	First	Last	AmountDel
14686	RA15-Q0529	Ginger	Keiffer	0.00
W4815	RA15-Q0651	David	Pieper	0.00

Total: 0.00

16. Once you are done adding people to the registration list, click "Submit"

17. Next, click "Continue" to return to your account

My Portal > Sign Out >

Registration Complete

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Registration Information

Thank You!

Your Confirmation # is: **RA15-Q0651**

This page confirms your registration. Please print for your records.

18. Success! You will receive an email confirmation of those you registered. We also recommend adding the event to the calendar associated with the emails of those you registered to ensure the date is saved on their calendar.