



CONFERENCE REGISTRATION FORM

First Name	MI	Last Name	Suffix
Title		Agency	
Address			
City,		State	Zip
Phone	Fax	Email	
Type of License	State of License	License #	Exp. Date

Required Information to receive CME/CEU's

Registration Fee Schedule *Check only one if applicable*

Before June 15, 2004

- \$250 - Pre-Registration
- \$230 - 3 or more from 1 agency (*each*)

After June 15, 2004

- \$280 - Invoiced/On-Site & Registrations
- \$260 - 3 or more from 1 agency (*each*)
- \$200 - ALS/BLS Competition Team Member
- \$150 - FCEP Member
- \$150 - Paramedic/EMT Student (*Documentation required from Program Director*)

Indicate if you need a CME/CEU Certificate.

Yes, I need a CME/CEU Certificate.

No, I do not need a CME/CEU Certificate.

Certificates are printed in advance and can be picked up at the registration desk prior to departure from the conference. If you do not check yes, a certificate will not be available for you on-site.

Preconferences Fee Schedule *Check only one if applicable*

- \$150 - P-1 Pediatric Advanced Clinical Skills Workshop
- \$150 - P-2 Advanced Airway Management Course
- \$100 - P-3 Treasure of Experience Workshop:
Hidden Assessment Skills You Were Never Shown

Indicate if you plan to attend the following Break-out Tracks

- Friday* B1 - High Risk Issues B2 - Clinical B3 - Career Development
- Saturday* B1 - High Risk Issues B2 - Clinical B3 - Legal Issues

Registration Fee \$ _____ Pre-conference Fee \$ _____ Total Fees Enclosed \$ _____

Payments accepted by Visa, Mastercard, Check or Purchase Order.
American Express not accepted. Payment must accompany registration form.

Make checks payable to EMLRC and mail to 3717 S. Conway Road, Orlando, FL 32812.
Phone: (407) 281-7396 or (800) 766-6335 Fax: (407) 281-4407. Federal Tax ID #59-3001777.
Credit card number needed to guarantee registration unless Check or PO accompanies registration form.

Credit Card Number: _____

Credit Card Type: Visa Mastercard

Expiration Date: _____ Cardholder Name: _____

Cardholder Signature: _____

Note: Cancellations and refunds will be made only if requested in writing to the ClinCon 2004 Conference Registrar. No refunds will be made after June 30, 2004 (no exceptions). For all cancellations, an administrative fee of \$75.00 will be retained. You may send a substitute from your organization.

Salvatore Silvestri, MD, FACEP
EMS Medical Director
Orange County (Florida) EMS
Orlando, FL
Mike Smith, MICP*
Paramedic Program Director
Tacoma Community College
Tacoma, WA
SN* Andrew Stern, NREMT-P, MPA, MA
Senior Paramedic/Flight Paramedic
Town of Colonie EMS
Colonie, NY
Paul Werfel, NREMT-P
Director
Paramedic Program,
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Emergency Medicine
University Medical Center,
State University of New York at
Stony Brook
Stony Brook, NY
Stephen R Wirth, JD, NREMT-P
Founding Parnter
Page, Wolfberg & Wirth, LLC
Mechanicsburg, PA
Douglas M. Wolfberg, JD, NREMT-P
Founding Parnter
Page, Wolfberg & Wirth, LLC
Mechanicsburg, PA
**designates preconference faculty*

Faculty Disclosure

The Florida Emergency Medicine Foundation adheres to ACCME standards regarding industry support of continuing medical education, and the disclosure of faculty and commercial sponsor relationships (if any) will be made known during the educational activity. Faculty are expected to openly disclose inclusion of discussion on any off-label, experimental or investigative use of drugs, devices, or equipment or any commercial sponsorship relations in their presentations.

ClinCon 2004 Planning Committee

George Ralls, MD, FACEP *Co-Chair*
Ivan Mustafa, REMT-P, MSN, ARNP-C *Co-Chair*
Christine Argo, AA, REMT-P
Edmund Cain, BS, REMT-P
William Clemens, REMT-P
Antonio Gandia, MD
Michael Lozano Jr., MD, FACEP
Robert Marschall, REMT-P
Geoff Miller, NREMT-P
Joe Nelson, DO, MS, FACEP
Lloyd Parker, REMT-P
Roxanne Sams, ARNP
Nerina Stepanovsky, RN, REMT-P
John Todaro, REMT-P, RN, TNS
Shawn Treloar, REMT-P
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