



CLINCON 2005 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

MD/DO__ EMT__ Paramedic__ RN__ PA__ CEM__ Firefighter__ Other_____

Check all that apply

Registration Fee Schedule *Check only one if applicable*

Before June 15, 2005 Discounts Available

- \$275 - General Registration
- \$250 - 3 or more from 1 agency (each)

After June 15, 2005

- \$300 - General Registration
- \$275 - 3 or more from 1 agency (each)
- \$200 - ALS/BLS Competition Team Member/Judge
- \$200 - FCEP Member
- \$175 - 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.

3 or more from 1 agency
Registrations must be sent together to qualify for the 3 or more from 1 agency discount.

Preconferences Fee Schedule *Check only one if applicable*

- \$175 - P-1 High Performance EMS Billing Workshop
- \$150 - P-2 Advanced Stroke Life Support Course - *Limited to 36 participants.*
- \$150 - P-3 Field Training Officer/Preceptor Workshop

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

- Friday* B1 - High Risk Issues B2 - Pediatrics B3 - Administrative Issues
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. Purchase Orders will be billed at the after June 15th registration rate.* 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 2005 Conference Registrar. No refunds will be made after June 30, 2005 (no exceptions). For all cancellations, an administrative fee of \$75.00 will be retained. You may send a substitute from your organization.

Phil Royal, REMT-P
Training Officer
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Inverness, FL

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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 2005 Planning Committee

Joe Nelson, DO, MS, FACEP *Co-Chair*
Ivan Mustafa, REMT-P, MSN, ARNP-C *Co-Chair*
Chris 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
Lloyd Parker, REMT-P
Roxanne Sams, ARNP
Nerina Stepanovsky, RN, REMT-P
John Todaro, REMT-P, RN, TNS
Shawn Treloar, REMT-P
Richard Webb, REMT-P

