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* Denotes Preconference Faculty.



CLINCON 2007 CONFERENCE REGISTRATION FORM

 First Name MI Last Name Suffix

 Title Agency Mailing Label Priority Code

 Billing 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____ Other____

Check all that apply

Registration Fee Schedule *Check only one if applicable* *Before or On June 27, 2007 Discounts Available*

- \$285 - General Registration
- \$265 - 3 or more from 1 agency (each)

After June 27, 2007

- \$325 - General Registration
- \$305 - 3 or more from 1 agency (each)
- \$200 - ALS/BLS Competition Team Member/Judge
- \$230 - FCEP Member
- \$200 - 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*

- \$150 - P-1 Integrating Simulation Into Your Curriculum Workshop
- \$150 - P-2 Advanced Life Support For Basic Providers

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

- Friday**
- B1 - Critical Care
 - B2 - Toxicology Emergencies
 - B3 - Cardiovascular Emergencies
- Saturday**
- B1 - Case Studies
 - B2 - Peds/OB
 - B3 - Trauma
 - B4 - Pharmacology

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 27th 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 2007 Conference Registrar. No refunds will be made after July 6, 2007 (no exceptions). For all cancellations, an administrative fee of \$75.00 will be retained. You may send a substitute from your organization.