

Premier Clinical Conference on Prehospital Emergency Care 2009 • Orlando, FL • The Rosen Centre Hotel

**NEW LOWER
REGISTRATION PRICE!**

CLINCON 2009 CONFERENCE REGISTRATION FORM

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Faculty Disclosure

The Emergency Medicine Learning & Resource Center 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.

Credit

Approved for up to 12.0 credit hours.
P-2 is approved for up to 6.0 credit hours.
Approved for up to 8.0 credit hours. To receive CME credit each day. Attendance at an entire day. **Paramedics and EMTs** - This activity is approved by the Emergency Medicine Learning & Resource Center, an organization accredited by the Florida Board for Emergency Medical Services, Florida Department of Health, Bureau of Emergency Services. Additional approval should consult their respective EMS Office. **Physicians** - The EMLRC is approved by the Council for Continuing Medical Education for providing continuing medical education for physicians. This activity is approved for up to 20.0 hours for the Physician's Recognition Award of the AMA. Only those hours of credit that he/she actually attend. Application has been made for recognition by the Emergency Physicians for ACEP Category 1 and the American Podiatry Association for Category 2 Credit. Contact hours will be provided by the Emergency Medicine Learning & Resource Center (EMLRC). The EMLRC is approved for providing continuing education by the Florida Board of

First Name _____ MI _____ Last Name _____ Suffix _____

Title _____ Agency _____ Mailing Label Priority Code _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email (Required) _____

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 10, 2009 Discounts Available

- \$300 ~~\$280~~ - General Registration
- \$285 ~~\$265~~ - 3 or more from 1 agency (each)

After June 10, 2009

- \$335 ~~\$315~~ - General Registration
- \$320 ~~\$300~~ - 3 or more from 1 agency (each)
- \$225 ~~\$205~~ - ALS/BLS Competition Team Member/Judge
- \$275 ~~\$250~~ - FCEP Member
- \$225 ~~\$205~~ - Paramedic/EMT Student*

**(Documentation required from Program Director)*

CME/CEU Certificate and Conference Eval.

The Conference Evaluation will be available online. Your completed online evaluation will be required to receive your CME/CEU certificate. Once you complete the online evaluation, a certificate will be promptly issued to you via email from the EMLRC office.

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*

- \$140 - P-1 Pediatric ITLS Course *Course fee includes textbook.*
- \$130 - P-2 Assessment & Treatment of Trauma (ATT) Course Instructor Rollout
- \$149 - P-3 ACEP eACLS™ Course *This preconference requires a separate registration process. Please visit www.eacsl.com/clincon to register or learn more about eACLS™.*

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

- Friday** B1 - Controversies in Prehospital Care B2 - Trauma B3 - EMS Ed./Tech.
Saturday B1 - CardioPulmonary B2 - General Medical B3 - Trauma

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 10th 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 2009 Conference Registrar. No refunds will be made after June 30, 2009 (no exceptions). For all cancellations, an administrative fee of \$75.00 will be retained. You may send a substitute from your organization.

