

REGISTER TODAY!

## CLINCON 2011 CONFERENCE REGISTRATION FORM

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 15, 2011 Discounts Available*

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

*After June 15, 2011*

- \$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)*

### Preconferences Fee Schedule

- FREE - P-1 ACLS For The Experienced Provider *Free with Conference Registration.*
- \$150 - P-2 Pediatric ITLS *Course fee includes textbook.*
- \$80 - P-3 Accreditation Preparation
- \$80 - P-4 Advanced 12 Lead EKG

### Skills Labs

- Pediatric Play - Friday
- Pediatric Play - Saturday

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 15<sup>th</sup> 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 2011 Conference Registrar. No refunds will be made after June 15, 2011 (no exceptions). For all cancellations, an administrative fee of \$75.00 will be retained. You may send a substitute from your organization.*

CONNECTING • EDUCATING • INSPIRING