



DISASTER 2005 CONFERENCE REGISTRATION FORM

First Name MI Last Name Suffix

Title Agency Mailing Label Promotion Code

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 or on January 3, 2005

- \$330 - Registration (Conference only)
- \$300 - 3 or more from 1 agency (each)
- \$300 - ACEP Disaster Section Member
- \$160 - General Conference One Day
- \$170 - FCEP Member (Conference only)

After January 3, 2005

- \$360 - Registration
- \$330 - 3 or more from 1 agency (each)
- \$330 - ACEP Disaster Section Member
- \$160 - General Conference One Day
- \$170 - FCEP Member (Conference only)

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, an onsite certificate will not be available.

Cancellations and refunds will be made only if requested in writing to the 26th Annual International Disaster Management Conference Registrar. No refunds will be made after January 20, 2005. For all cancellations, an administrative fee of \$75.00 will be retained. Registration may be transferred to another individual.

Indicate if you plan on attending the Networking Lunch on Friday, February 4th.
 Yes, I will attend.
 No, I will not attend.

Preconferences Fee Schedule Check only one if applicable

- FREE* - P-1 Basic Disaster Life Support Course (*Designed for Physicians. Reg. Fee covered by Grant. Space limited.)
- \$150 - P-2 RADCON 101: An Introduction to Nuclear Incident Response
- \$150 - P-3 Safe Management of Moving Water and Major Flood Response
- \$150 - P-4 Terrorism Preparedness for School Officials

Indicate Tracks Preferred Check only one track per day

- Friday T-1 Outbreak/Public Health T-2 Triage T-3 Response
- Saturday T-1 Outbreak/Public Health T-2 Hospital Preparedness
- T-3 Planning T-4 Response

Registration Fee \$ _____ Preconference 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: _____

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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 anyoff-label, experimental or investigative use of drugs, devices, or equipment or any commercial sponsorship relations in their presentations.

