



DISASTER 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. Conference faculty
and topics subject to change.

*Denotes Preconference Faculty.

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 _____

(License Information Required to receive CME's/CEU's) _____ National Registry # _____ Exp. Date _____

Registration Fee Schedule *Check only one if applicable* Before or on January 23, 2009

- \$360 - Registration (Conference only)
- \$330 - 3 or more from 1 agency (each)
- \$330 - ACEP Disaster Section Member
- \$175 - General Conference One Day
- \$250 - FCEP Member (Conference only)

After January 23, 2009

- \$390 - Registration (Conference only)
- \$360 - 3 or more from 1 agency (each)
- \$360 - ACEP Disaster Section Member
- \$175 - General Conference One Day
- \$250 - FCEP Member (Conference only)
- \$20 - Onsite Registration - Add \$20 to applicable registration category

CME/CEU Certificate and Conference Evaluation

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. To ensure that the eval/ certificate emails are delivered to your inbox, please add dbomhoff@emlrc.org to your address book or list of approved senders.

Cancellations and refunds will be made only if requested in writing to the 2009 International Disaster Management Conference Registrar. No refunds will be made after February 5, 2009. For all cancellations, an administrative fee of \$75.00 will be retained. Registration may be transferred to another individual.

Preconferences Fee Schedule

- \$100 - P-1 Mass Casualty Incident Management
- \$100 - P-2 Hospital First Receiver Hazmat Operations Course

Indicate Tracks Preferred *Check only one track per day*

- Friday** T-1 Disaster Medicine/Public Health T-2 Disaster Management Planning
 T-3 Response - EMS /Fire Rescue
- Saturday** T-1 Disaster Medicine/Public Health T-2 Disaster Management Planning
 T-3 Response - EMS /Fire Rescue

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: _____

