



DISASTER 2010 CONFERENCE REGISTRATION FORM



hospital

Joseph McIsaac, MD, MS
 Chief of Trauma Anesthesia
 Hartford Hospital
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 University of Connecticut School
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 Senior Member
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Chief

Lloyd Parker, BS, REMT- P
 Deputy Chief
 Lake-Sumter EMS
 Commander
 Central Florida (FL-6) Disaster
 Medical Assistance Team
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CPE,

Jeff Rubin, PhD, NREMT, CEM
 Manager
 Emergency Management Program
 Tualatin Valley Fire & Rescue
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August Vernon*
 Assistant Coordinator/Operations
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 Management
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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.
 Faculty are expected to disclose any
 significant relationship of their spouse
 or life partner has with a commercial
 sponsor. Conference faculty and
 topics subject to change.

T-P

*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 22, 2010

- \$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 22, 2010

- \$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

Preconferences Fee Schedule

- \$100 - P-1 Suicide Bomber Planning & Response Considerations
- \$100 - P-2 Multi-agency Mass Shooting Planning and Response
- \$175 - Attending Both Preconferences

Registration Fee \$_____ Preconference(s) Fee \$_____ Total Fee(s) 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: _____

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 2010 International Disaster Management Conference Registrar. No refunds will be made after February 4, 2010. For all cancellations, an administrative fee of \$75.00 will be retained. Registration may be transferred to another individual.