

Officer's Workshop 2006 - November 2-3, 2006

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

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EMERGENCY SERVICES INFECTIOUS DISEASE OFFICER'S WORKSHOP 2006 REGISTRATION FORM

First Name	MI	Last Name	Suffix
Title	Agency	Mailing Label Priority Code	
Address			
City	State	Zip	
Phone	Fax	Email	
Type of License	State of License	License #	Exp. Date
<i>(License Information Required to receive CME's/CEU's)</i>		National Registry #	Exp. Date
MD/DO____ EMT____ Paramedic____ RN____ PA____ Other_____			
<i>Check all that apply</i>			

Registration Fee Schedule *Check only one if applicable*

- Before or on October 13, 2006*
[] \$125 - Registration
- After October 13, 2006*
[] \$135 - Registration

Total Fees Enclosed \$ _____

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, a certificate will not be available for you on-site.

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: _____

Note: Cancellations and refunds will be made only if requested in writing to the Emergency Services Infectious Disease Officer's Workshop 2006 Registrar. No refunds will be made after October 30, 2006. For all cancellations, an administrative fee of \$75.00 will be retained.

