

# Symposium 2008 - November 11-12, 2008

**Richard S. Weisman, PharmD,  
DABAT, FAACT**

Director  
Florida Poison Information  
Center  
Research Associate Professor  
of Pediatrics  
University of Miami  
Miller School of Medicine  
Miami, FL

## 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 relations in their presentations.

## PREHOSPITAL PEDIATRIC EDUCATION SYMPOSIUM 2008 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 \_\_\_\_\_

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

MD/DO \_\_\_\_\_ EMT \_\_\_\_\_ Paramedic \_\_\_\_\_ RN \_\_\_\_\_ PA \_\_\_\_\_ Other \_\_\_\_\_

Check all that apply

### Registration Fee Schedule *Check only one if applicable*

*Before or on October 29, 2008*

- \$250 - Registration  
 \$235 - Registration - 3 or more from 1 Agency

*After October 29, 2008*

- \$275 - Registration  
 \$260 - Registration - 3 or more from 1 Agency

### Post-conference Fee Schedule

- \$75 - NAEMT Emergency Pediatric Care (EPC) Instructor Course Rollout  
*Space limited to 15 attendees*

#### CME/CEU Certificate and Conference Eval.

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.

3 or more from 1 agency  
Registrations must be sent  
together to qualify for the 3 or  
more from 1 agency discount.

Registration Fee \$ \_\_\_\_\_ Post-conference 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: \_\_\_\_\_

*Note: Cancellations and refunds will be made only if requested in writing to the Prehospital Pediatric Education Symposium 2008 Registrar. No refunds will be made after November 1, 2008. For all cancellations, an administrative fee of \$75.00 will be retained.*

