

# Data Management and EMS Administration Conference

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

## Planning Committee

Vicki Garwood REMT-P  
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John Todaro, REMT-P, RN, TNS  
Shawn Treloar, REMT-P



Sheraton Sand Key Resort



Clearwater Beach, FL



## SAND KEY EMS SUMMIT CONFERENCE REGISTRATION FORM

First Name	MI	Last Name	Suffix
Title		Agency	
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 August 15, 2004*

- \$320 - Registration
- \$305 - 3 or more from 1 agency (each)

*After August 15, 2004*

- \$335 - Registration
- \$320 - 3 or more from 1 agency (each)

**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.*

### Post-conferences Fee Schedule **Check only one if applicable**

- \$100 - P-1 EMS Recruitment & Retention Workshop
- \$100 - P-2 Data & Network Security Workshop

### Indicate if you plan to attend any of the following:

- Thursday**  Lunch  B-1 Management/Supervisory  B-2 Data and Quality Mgmt.
- Friday**  B-1 Management/Supervisory  B-2 Data and Quality Management
- Saturday**  P-1 EMS Recruitment & Retention Workshop *(Post-conference fees applicable.)*
- P-2 Data & Network Security Workshop *(Post-conference fees applicable.)*

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 Sand Key EMS Summit 2004 Conference Registrar. No refunds will be made after September 9, 2004. For all cancellations, an administrative fee of \$75.00 will be retained.**