

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.

EMS SUMMIT 2005 CONFERENCE REGISTRATION FORM

First Name	MI	Last Name	Suffix
Title		Agency	Mailing Code#
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 October 7, 2005

- \$340 - Registration
- \$325 - 3 or more from 1 agency (each)

After October 7, 2005

- \$355 - Registration
- \$340 - 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-conference Fee Schedule **Check only one if applicable**

- \$100 - PC EMS Recruitment & Retention Workshop

Indicate if you plan to attend any of the following:

- Thursday** B-1 Management/Supervisory B-2 Data and Quality Management
- Friday** B-1 Management/Supervisory B-2 Data and Quality Management
- Saturday** PC EMS Recruitment & Retention 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 EMS Summit 2005 Conference Registrar. No refunds will be made after October 19, 2005. For all cancellations, an administrative fee of \$75.00 will be retained.

