

# 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.



## SAND KEY EMS SUMMIT 2007 CONFERENCE 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

*Required Information to receive CME/CEU's*

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

*Check all that apply*

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

*Before or on August 27, 2007*

\$375 - Registration

\$350 - 3 or more from 1 agency (each)

*After August 27, 2007*

\$400 - Registration

\$375 - 3 or more from 1 agency (each)

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

\$100 - PC-1 Emergency & Disaster Communications Using Unconventional Public Safety Technologies: Experience, Options and Lessons Learned

\$100 - PC-2 Using Data to Make Decisions in EMS

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

**Thursday**  B-1 Management/Supervisory  B-2 Data and Technology

**Friday**  B-1 Management/Supervisory  B-2 Quality Management

**Saturday**  PC-1 Emergency & Disaster Communications Using Unconventional Public Safety Technologies: Experience, Options and Lessons Learned

**Saturday**  PC-2 Using Data to Make Decisions in EMS

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: \_\_\_\_\_

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*Note: Cancellations and refunds will be made only if requested in writing to the Sand Key EMS Summit 2007 Conference Registrar. No refunds will be made after September 13, 2007. For all cancellations, an administrative fee of \$75.00 will be retained.*

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.*

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

