

Data Management and EMS Administration Conference

SAND KEY EMS SUMMIT 2008 CONFERENCE REGISTRATION FORM

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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.



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 4, 2008

- \$375 - Registration
- \$350 - 3 or more from 1 agency (each)

After August 4, 2008

- \$400 - Registration
- \$375 - 3 or more from 1 agency (each)

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.

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

- \$100 - PC-1 Data Loss Prevention
- \$100 - PC-2 Moodle: Basic Start-up and Utilization

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

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

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 2008 Conference Registrar. No refunds will be made after August 21, 2008. For all cancellations, an administrative fee of \$75.00 will be retained.

