PAY BY CHECK / PO

PRINT 1 PER ATTENDEE

(Please Print Clearly)

For Groups: Registration ☐ of ☐

PO: (If Applicable) _____

Date: _____

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

*Email Address: _____

Telephone Number : _____ ☐ Cell ☐ Home ☐ Work

Secondary Telephone Number : _____ ☐ Cell ☐ Home ☐ Work

Primary State License #: _____ ☐ N/A

State License Expiration: _____ ☐ N/A

NREMT Certification #: _____ ☐ N/A

NREMT Certification Expiration: _____ ☐ N/A

License/Certification Level: ☐ EMR ☐ EMT ☐ AEMT ☐ PARAMEDIC ☐ Other: _____

Service Affiliated With: _____ ☐ N/A

Service Street Address: _____

Service City: _____ Service State: _____ Service Zip: _____

Registration Type: ☐ 1-Day ☐ 2-Day ☐ 3-Day

Registration Days: ☐ Thursday, Friday, Saturday ☐ Thursday, Friday ☐ Friday, Saturday

Registration Rate: _____

Pre-Conference Session(s): _____

Pre-Conference Rate: _____

Total for Attendee: _____

Name on Check: _____ Check #: _____

Total Check Amount Enclosed: _____

We will email a receipt once your registration is processed

EMSPRO®
emspro.org

MAILING ADDRESS
P.O. Box 316
Ivoryton, CT 06442

EMS PRO EXPO
FOXWOODS RESORT CASINO
350 Trolley Line Blvd, Mashantucket, CT 06338