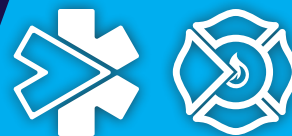


ATTENDEE REGISTRATION FORM

PAY BY CHECK / PO

PRINT 1 PER ATTENDEE



PG.1 of 2

(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 ☐ Thursday ☐ Friday ☐ Saturday

☐ 2-Day ☐ Thursday, Friday ☐ Friday, Saturday ☐ Thursday, Saturday

☐ 3-Day

Registration Rate: _____

Total for Attendee: _____

Name on Check: _____ Check #: _____

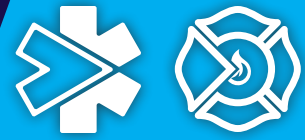
Total Check Amount Enclosed: _____

**We will email a receipt once your registration is processed*

HOTEL REGISTRATION FORM

PAY BY CHECK / PO

PRINT 1 PER ATTENDEE



PG. 2 of 2

Room rate is discounted, tax-free & all resort fees are waived when booking through EMS & FIRE PRO.

Please Note: Only Queen Rooms Available on October 24th.

Check-In Date: _____ Check-Out Date: _____

Room Type: ☐ Double Queen ☐ King

Smoking Preference: ☐ Smoking ☐ Non-Smoking

ADA Accessibility Needs: ☐ Yes ☐ No

Any Special Room Requests: _____

Room Rate Schedule

Tuesday Oct-24	Wednesday Oct-25	Thursday Oct-26	Friday Oct-27	Saturday Oct-28
\$169.00 (USD)	\$169.00 (USD)	\$169.00 (USD)	\$249.00 (USD)	\$279.00 (USD)