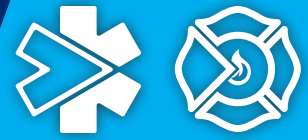


# ATTENDEE REGISTRATION FORM

## 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 EMS ID# \_\_\_\_\_  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

Pre-Conference:  Pediatric Symposium  Weathering the Storm Summit

Registration Rate: \_\_\_\_\_ Pre-Con Rate: \_\_\_\_\_

Total for Attendee: \_\_\_\_\_

Name on Check: \_\_\_\_\_ Check #: \_\_\_\_\_

Total Check Amount Enclosed: \_\_\_\_\_

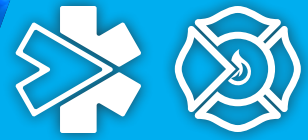
*\*We will email a receipt once your registration is processed*



# HOTEL REGISTRATION FORM

## PAY BY CHECK / PO

### PRINT 1 PER ATTENDEE



Please note that the pricing includes a daily resort fee of \$18 per room, granting access to all amenities.

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: \_\_\_\_\_

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### Room Rate Schedule

<b>Tuesday Sept-23</b> \$197.00 (USD)	<b>Wednesday Sept-24</b> \$197.00 (USD)	<b>Thursday Sept-25</b> \$197.00 (USD)	<b>Friday Sept-26</b> \$283.00 (USD)	<b>Saturday Sept-27</b> \$283.00 (USD)
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