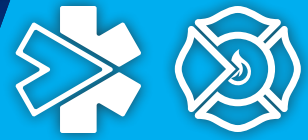


ATTENDEE REGISTRATION FORM

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 #: _____

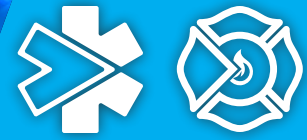
Total Check Amount Enclosed: _____

**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: _____

Room Rate Schedule

Tuesday Oct-20 \$197.00 (USD)	Wednesday Oct-21 \$197.00 (USD)	Thursday Oct-22 \$197.00 (USD)	Friday Oct-23 \$283.00 (USD)	Saturday Oct-24 \$283.00 (USD)
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