

REGISTRATION

PERSONAL INFORMATION

Name: _____ Service: _____

Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

CONFERENCE FEES

Pre-Conference

Thursday NO COST

One Day

Friday **OR** Saturday (**Check one**)

Prior to September 16 ~ In region \$57.00

Prior to September 16 ~ Out of region \$67.00

After September 16 ~ In region \$87.00

After September 16 ~ Out of region \$97.00

Two Days

Prior to September 16 ~ In region \$99.00

Prior to September 16 ~ Out of region \$119.00

After September 16 ~ In region \$129.00

After September 16 ~ Out of region \$149.00

PAYMENT INFORMATION

Amount Due: _____

Method of payment:

Cash

Check

Purchase order (# _____)

Note: Payments received after September 16 will be assessed the \$30 late fee; even if registration form has been submitted!!

Return to: Greater Northwest EMS

2300 24th St NW, Suite 103

Bemidji, MN 56601

lisa.gnwems@midconetwork.com (email)

218-213-9057 (fax)