

Registration

PERSONAL INFORMATION

Name: _____ Service: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Telephone: _____ State License # _____ State: _____

Would you like an email confirming your registration? *Email:* _____

Would you like an email copy of your receipt? *Email:* _____

Would you like to be contacted regarding special dietary needs? *Email:* _____

Would you like to attend one of the simulations on Saturday? Labor & Delivery Post Partum Hemorrhage

The Pediatric Motor Vehicle Collision "Flying Child"

CONFERENCE FEES

ONE DAY

Friday **OR** Saturday (Check one)

Prior to September 23 (In region) \$95.00

Prior to September 23 (Out of region) . . . \$105.00

After September 23 (In region) \$125.00

After September 23 (Out of region) \$135.00

TWO DAYS

Prior to September 23 (In region) \$145.00

Prior to September 23 (Out of region) . . \$165.00

After September 23 (In region) \$175.00

After September 23 (Out of region) \$195.00

PAYMENT METHOD

PAYMENT (due with registration)

Cash Check Purchase Order # _____ (Attach Copy) Credit Card (VISA or MasterCard)

Card #: _____ - _____ - _____ - _____ Exp. Date: _____ CVV: (3-digit code) _____ Billing Zip Code: _____

Payments received after September 23 will be assessed the \$30 late fee, even if the registration form has been received!

★ ★ ★ ★ ★ **REGISTER NOW!** ★ ★ ★ ★ ★

www.greaternwems.com/conference

Greater Northwest EMS, 2301 Johanneson Dr NW, Bemidji, MN 56601

office@greaternwems.com

