

2008 MCEMS Seminar Registration

Section A. STUDENT INFORMATION (Please Print)

(Last Name)	(First Name)
(First Name or Nickname To Be Placed On Name Tag)	(Service / Hospital / Dispatch Center For Nametag)
(Primary Daytime Phone)	(Evening Phone)
(Mailing Address)	(State & Zip Code)
(E-Mail Address For Confirmations)	(Fax)

Section B. LICENSURE INFORMATION

EMS License#:	Other#:	(Circle) FR AA EMT-B EMT-I EMT-P CNA LPN RN PA-C NP MD DO
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Section C. PRE-CONFERENCE REGISTRATION – Wednesday Nov. 12th & Thursday Nov. 13th

<input type="checkbox"/> PC1 Flight Crew Member	\$175.00	<input type="checkbox"/> PC7 ACLS Recert	\$155.00	<input type="checkbox"/> PC13 Violent Ballistics	\$75.00
<input type="checkbox"/> PC2 AMLS	\$125.00	<input type="checkbox"/> PC8 PEARS: Pedi	\$155.00	<input type="checkbox"/> PC14 Water Rescue	\$125.00
<input type="checkbox"/> PC3 PEPP(BLS only)1day	\$125.00	<input type="checkbox"/> PC9 Reiki I Cert.	\$175.00	<input type="checkbox"/> PC15 Reiki II Cert.	\$225.00
<input type="checkbox"/> PC3A PEPP(ALS) 2nd day	\$75.00	<input type="checkbox"/> PC10 GEMS Basic	\$125.00	<input type="checkbox"/> PC16 AHA BLS Inst.	\$216.00
<input type="checkbox"/> PC5 Difficult Airway	\$175.00	<input type="checkbox"/> PC11 PHTLS Recert	\$125.00	<input type="checkbox"/> PC17 PALS Recert	\$155.00
<input type="checkbox"/> PC6 Vehicle Extrication	\$200.00	<input type="checkbox"/> PC12 Advanced Airway	\$365.00	<input type="checkbox"/> PC18 MCI: Triage	\$75.00
<input type="checkbox"/> PC4 EMD Training – PSAP Employed by: _____ Non-PSAP Dispatcher include \$300.00					

Section D. CONFERENCE REGISTRATION – Friday Nov. 14th – Sunday Nov. 16th (✓) Please Make Selections

<input type="checkbox"/> One Day - \$ 95.00 After Oct. 5 \$100.00	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<input type="checkbox"/> Two Days \$170.00 \$180.00	<input type="checkbox"/> Friday & Saturday	<input type="checkbox"/> Saturday & Sunday	<input type="checkbox"/> Friday & Sunday
<input type="checkbox"/> Three Days \$235.00 \$245.00	Early Bird Registration Fee - prior to October 6, 2008		

Section E. LAB FEES Please (✓) all that apply:

<input type="checkbox"/> HPS 1-3 Human Pt. Sim.	\$25.00	<input type="checkbox"/> 208 Respiratory Failure	\$10.00	<input type="checkbox"/> 214 Tuff Stuff: Airway	\$15.00
<input type="checkbox"/> 307/320 Kevin's Codes	\$30.00	<input type="checkbox"/> 314 Road Pizza	\$10.00	<input type="checkbox"/> 408 Rubble Pile Med.	\$15.00
<input type="checkbox"/> 1400 AVOC - Basic	\$25.00	<input type="checkbox"/> 800 AVOC - Advanced	\$25.00	<input type="checkbox"/> 1600 High Angle Rescue	\$25.00

Section F. OTHER CHARGES (✓) Please Make Selections (Fill out T-Shirt / S. Shirt Order Form-See Back)

<input type="checkbox"/> Saturday Banquet Tickets	How Many? _____ @ \$32.00 ea. = \$ _____
<input type="checkbox"/> T-shirts, sweat shirts	Total from order form \$ _____
<input type="checkbox"/> Comedy show tickets	Total from order form \$ _____

Section G. TOTAL CHARGES

C. Pre-Conference	\$	Fee or PO must accompany registration form, no PO's accepted after Oct. 10. One agency PO accepted per registration. Confirmations will be forwarded to you via the e-mail listed above. Refunds Policy (see brochure). Mail to: MCEMS Seminar, PO Box 610, Union, ME 04862. Questions, call 207-785-5000, office@midcoastems.org , or 207-785-5005, emsedcon@midcoast.com
D. Conference	\$	
E. Lab Fees	\$	
F. Other – Banquet tickets	\$	
F. Other – Apparel	\$	
F. Other – Comedy show	\$	
Total Enclosed / Charged	\$	Payment Type (Fill In) Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> PO # _____
		Credit Card Master Card / Visa Card # _____
		Expiration Date: _____ Name on Card:: _____

(OFFICE USE) Date Received: _____ Amount Received: \$ _____ Registration ID# _____	
Payment By: <input type="checkbox"/> Self <input type="checkbox"/> Service _____	Purchase Order# _____
Form of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Other: _____	PO Payment Check# _____
Credit Card Confirmation#: _____	Shirt Order Paid: _____ Balance Due: \$ _____