

# ATTENDEE REGISTRATION FORM

**Early Registration Deadline - April 4<sup>th</sup>**

**COMPLETE THIS FORM AND . . .**

Mail with payment or copy of purchase order to:  
 EMS Region III • PO Box 1895 • Clovis NM 88102-1895  
 Fax with credit card number or copy of purchase order to: (575)769-3485  
 Questions: [www.emsregion3.org](http://www.emsregion3.org) or call (575)769-2639

**Please type name/affiliation as you wish them to appear on your name badge:**

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

AFFILIATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

CITY STATE ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

*Special Note: Confirmation will be sent via email:*

EMAIL: \_\_\_\_\_

T-SHIRT SIZE: (Please circle one)    **S**    **M**    **L**    **XL**    **XX**    **XXX**

**Please check off the Pre-conference Workshops you will be attending:**

**Sunday, April 20**

- P01 – Basic ECG Recognition (Pre-ACLS) **\$100**
- P02 – AMLS **\$195**

**Monday, April 21**

- P03 – Trauma from A to Z **FREE**
- P04 – GEMS **\$140**
- P05 – BCLS and First Aid Instructor **\$175**
- P06 – TNCC **\$295**
- P07 – ACLS **\$140**
- P08 – EMS Management 101 **\$265**
- P09 – Combination Refresher **\$135**
- P10 – Extrication **\$215**
- P11 – MegaCall EMD **\$160**
- P12 – Paramedic Refresher **\$290**
- P13 – Rope Rescue **\$150**

**Tuesday, April 22**

- P14 – NRP **\$160**

**Wednesday, April 23**

- P15 – EKG Interpretation **\$120**
- P16 – Airways in EMS **\$120**
- P17 – BCLS Renewal **\$90**
- P18 – PHTLS **\$195**
- P19 – Grant Writing **\$100**
- P20 – PALS **\$150**
- P21 – Emergency Preparedness **\$215**

**Thursday, April 24**

- P22 – ACLS EP **\$180**
- P23 – PEPP **\$160**
- P24 – HodgePodge **\$100**
- P25 – S.T.A.B.L.E **\$180**
- P26 – NIMS **\$190**
- P27 – Help from Above **\$50**
- P28 – Recruitment and Retention **\$50**
- P29 – Stroke Care in NM **FREE**

**Which Core Conference Sessions are you attending? (Please circle number)**

**Friday, April 25, 2008 – Opening Keynote Address**

C01

**Friday, April 25, 2008 – Morning Breakout Sessions**

C02    C03    C04    C05

**Friday, April 25, 2008 – Early Afternoon General Session**

C06

**Friday, April 25, 2008 – Afternoon Breakout Sessions**

C07    C08    C09    C10

**Friday, April 25, 2008 – Late Afternoon General Session**

C11

**Saturday, April 26, 2008 – Morning General Session**

C12

**Saturday, April 26, 2008 – Morning Breakout Sessions**

C13    C14    C15    C16

**Saturday, April 26, 2008 – Early Afternoon Breakout Sessions**

C17    C18    C19    C20

**Saturday, April 26, 2008 – Late Afternoon Breakout Sessions**

C21    C22    C23    C24

**Saturday, April 26, 2008 – Late Afternoon General Session**

C25

**Sunday, April 27, 2008 – Morning General Session**

C26

**Sunday, April 27, 2008 – Morning Breakout Sessions**

C27    C28    C29    C30

**Sunday, April 27, 2008 – Closing Keynote Address**

C31

**Registration Fees (please check one)**

	Before April 4	April 4 to April 27
<input type="checkbox"/> Core Conference Registration Fee	\$175	\$225
<input type="checkbox"/> Squad Rate Fee (7 or more)	\$150	\$225
<input type="checkbox"/> NM EMT Association Member Fee	\$165	\$225
<input type="checkbox"/> Daily Rate Fee	\$100	\$100
<input type="checkbox"/> Friday Night Banquet Tickets # _____	\$30	\$30

(If you register for the core conference your meal tickets/events are included)

<b>A</b> Conference Fees	\$ _____
<b>B</b> Pre-conference Fees	\$ _____
<b>C</b> Extra Banquet Tickets	\$ _____
<b>D</b> TSFA Scholarship Deduction	\$ _____

**TOTAL AMOUNT ENCLOSED**                      \$ \_\_\_\_\_

**Payment Information:**

\_\_\_\_ Enclosed is my check for \$ \_\_\_\_\_ payable to EMS Region III

\_\_\_\_ Enclosed is my purchase order # \_\_\_\_\_ for \$ \_\_\_\_\_

\_\_\_\_ Charge my:  VISA     MasterCard

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**PLEASE DO NOT WRITE IN THE FOLLOWING BOX – THANK YOU!**

Check #	MO#	Credit Card	PO #	Conf.#