

INTERIOR REGION EMS SYMPOSIUM 2012 — REGISTRATION FORM

March 23-24, 2012 - Princess Riverside Lodge
www.iremsc.org

(Information used for name badge, *please* type or print)

Name _____ Professional Title _____

Address _____ City _____ State ____ Zip _____

Phone _____ Fax _____ e-mail address _____

EMS Agency Affiliation _____

Level of Provider:	<input type="checkbox"/> ETT	<input type="checkbox"/> EMT-I	<input type="checkbox"/> EMT-II
<input type="checkbox"/> EMT-III	<input type="checkbox"/> Paramedic	<input type="checkbox"/> RN	<input type="checkbox"/> P.A.
<input type="checkbox"/> Physician	<input type="checkbox"/> Other (Please Specify): _____		

- Please print or type all information.
- Complete **ALL** portions of this form and mail to: IREMSC, 2503 18th Avenue, Fairbanks, AK 99709. Registration forms may also be faxed to 907-456-3970. A check payable to IREMSC, credit card authorization for fees or a copy of a purchase order must be included.
- If paying for more than one registration, one check may be sent but a **separate registration form for each attendee must accompany payment.**
- Refunds should be requested in writing no later than March 16, 2012. **No refunds will be issued after March 16, 2012.**
- AFTER March 16, 2012** all registrations should be faxed or emailed. Registration the day of Symposium is available.

FEES

1. SYMPOSIUM REGISTRATION

- Full 2-Days-Pre-Hospital Provider (*ETT, EMT, etc.*)..... \$80.00
- Full 2-Days-Clinical Health Care Provider (*Paramedic, RN, PA, Physician, etc.*)..... \$105.00
- EMT or Nursing Students..... \$50.00

2. 1-Day Symposium Registration

- Specify Days* **Friday, March 23rd** **Saturday, March 24th**
- Pre-Hospital Provider (*ETT, EMT, etc.*)..... \$40.00
 - Clinical Health Care Provider (*Paramedic, RN, PA, Physician, etc.*)..... \$58.00
 - EMT or Nursing Students..... \$25.00

3. Pre-Symposium Classes (*Please check selections*)

- PEARS (March 21) \$ 75.00
- 12 Lead Interpretation (March 22) \$ 115.00
- Noggin Injury (March 22) \$ 95.00
- Close Quarters Self Defense (March 21) \$ 75.00

Total Fees Enclosed _____

Please circle sessions you would like to attend (choosing a course allows us to estimate class size, you may change courses at any time):

01	02	03	04	05
06	07	08	09	10
11	12			

Payment

Check Enclosed (payable to IREMSC) Purchase

MC Visa

Credit Card No: _____

Card Holder: _____

Card Exp.: _____ CVC Code (3 or 4 digit code on back of card): _____

Signature of Card Holder _____