

# REGISTRATION FORM

## 2009



**CONFERENCE FEES:**

**INDICATE YOUR CHOICE**

**Full Conference Registration Fee:**

Postmarked or completed online **BY** October 16, 2009 Yes \_\_\_\_\_ \$125 \_\_\_\_\_

Postmarked or completed online **AFTER** October 16, 2009 Yes \_\_\_\_\_ \$140 \_\_\_\_\_

I want to attend the Friday Sessions Only ..... Yes \_\_\_\_\_ \$60 \_\_\_\_\_

Will you be attending the Friday \*dinner? *Session is 1 CEU.* ..... Yes \_\_\_\_\_ \$14 \_\_\_\_\_

I will be bringing a guest to dinner..... Yes \_\_\_\_\_ \$14 \_\_\_\_\_

Friday Keynote dinner/session will be presented by the noted EMS speaker Kirk Mittleman

I want to attend the Saturday Sessions Only ..... Yes \_\_\_\_\_ \$110 \_\_\_\_\_

Will you be attending the Saturday lunch? \* Vendors & Door Prizes!..... Yes \_\_\_\_\_ No Charge

*\* Must be present to win!*

**Conference Shirts:**

Conference shirts are a soft cotton, short-sleeved Polo-style, embroidered with the Southern Idaho 2009 EMS Conference logo. **\* Shirts are \$20.00.**

*\* Payment must be included with registration form.*

Please indicate the quantity of shirts you would like in each size.

\_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ XX-Large ..... Quantity \_\_\_ X \$20 = \_\_\_\_\_

**\* 2009 EMS Conference Total Cost** ..... \$ \_\_\_\_\_

*\* Please enter this amount on the payment side of this page.*

**Please print your name and title as you wish them to appear on your name badge:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_ ) \_\_\_ - \_\_\_ Fax: ( \_\_\_ ) \_\_\_ - \_\_\_ E-mail: \_\_\_\_\_

**Cancellation/Refund Policy**

There will be a cancellation fee of \$20 after October 30, 2009.

*We are looking forward to seeing you in November. This year's conference will be another great time loaded with current, up-to-date information!*

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Southern Idaho EMS Conference 2009

### HOW TO REGISTER

1. Please submit one registration form for each individual. If you need copies of the registration form, you are welcome to make photocopies.

You may also print this form from our website at [www.csi.edu/emsconference](http://www.csi.edu/emsconference).

**TO REGISTER ONLINE:** Click on the link at the website listed above (credit card required).

Remember the Early Registration Savings for registrations completed online or postmarked on or before October 16, 2009.

2. Please print clearly.

3. Make checks payable to Southern Idaho EMS Conference and mail to:

Department #3580  
College of Southern Idaho  
P.O. Box 1238  
Twin Falls, Idaho 83303-1238

*Please check the website for updates as they become available.*

4. \* You may pay with your American Express, VISA, MasterCard or Discover credit cards.

\* I authorize CSI to charge my credit card: YES  NO

Credit Card: American Express:  VISA:  MasterCard:  Discover:

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount authorized to charge to my credit card: \$ \_\_\_\_\_

5. Total Conference Amount Payable ..... Total \$ \_\_\_\_\_

6. Please Indicate the Sessions You Plan to Attend:

#### Friday Sessions

#### Saturday Sessions

- |            |       |            |       |            |       |                       |       |
|------------|-------|------------|-------|------------|-------|-----------------------|-------|
| Session 1  | _____ | Session 12 | _____ | Session 20 | _____ | Session 28            | _____ |
| Session 2  | _____ | Session 13 | _____ | Session 21 | _____ | Session 29            | _____ |
| Session 3  | _____ | Session 14 | _____ | Session 22 | _____ | Session 30            | _____ |
| Session 4  | _____ | Session 15 | _____ | Session 23 | _____ | Session 31            | _____ |
| Session 5  | _____ | Session 16 | _____ | Session 24 | _____ | <del>Session 32</del> | _____ |
| Session 6  | _____ | Session 17 | _____ | Session 25 | _____ | Pre-conference        | _____ |
| Session 7  | _____ | Session 18 | _____ | Session 26 | _____ | (if offered)          | _____ |
| Session 8  | _____ | Session 19 | _____ | Session 27 | _____ |                       |       |
| Session 9  | _____ |            |       |            |       |                       |       |
| Session 10 | _____ |            |       |            |       |                       |       |
| Session 11 | _____ |            |       |            |       |                       |       |

CPR Recertification will be offered to a limited number of participants. If you are interested, please check here .  
This session will be held on Friday--November 13<sup>th</sup>, 9 A.M.-12 P.M.

*There will be a \$20 fee at the door.*