

2009 VT EMS CONFERENCE REGISTRATION FORM

Registration Guidelines:

PLEASE CONSIDER REGISTERING ONLINE AT: www.regonline.com/VTEMS2009

OR Fill out this form and mail or fax in (802) 656-8034.

- Please use **one registration form per person**.
- **Print** your information neatly.
- Photocopy this blank form for others as needed.
- **Clearly** indicate 1st and 2nd choices.
- Payment **must** be included with your registration form.

Make check payable to: UVM

Mail to:

Donna O'Brien
UVM Conference & Event Services
Marsh Hall, Room 009
31 Spear Street
Burlington, VT 05405-0344

Fax: 802-656-8034

Attn: Donna O'Brien

Online registration questions? Call Donna O'Brien (802) 656-5665

Name*: _____ Affiliation***: _____

*List your name as it should appear on your nametag. We suggest not using initials. **Please list only **one** affiliation.

Address: _____ City/State/Zip: _____

Daytime Email: _____ Daytime Number: () _____

Evening Number: () _____ Cell or Pager: () _____

Please Circle: Attending Preconference: **YES** or **NO** Attending Weekend: **YES** or **NO**; **Both Days** or **One Day**?

LIST SESSION #'s in the space provided - Refer to master schedule or descriptions for session #'s (page 4).

Preconference Workshops: (Sessions 1-14)

Wed. 1 st choice	2 nd choice	Thurs. 1 st choice	2 nd choice	Fri. 1 st choice	2 nd choice
SATURDAY: 10:30 am - 12 noon	(Sessions 20-25)	1 st choice	2 nd choice	(X) If Not Attending	_____
1:15 pm - 2:30 pm	(Sessions 30-35)	1 st choice	2 nd choice	(X) If Not Attending	_____
2:45 pm - 4:15 pm	(Sessions 40-45)	1 st choice	2 nd choice	(X) If Not Attending	_____
SUNDAY: 9:00 am - 10:15 am	(Sessions 50-55)	1 st choice	2 nd choice	(X) If Not Attending	_____
10:30 am - 12:00 pm	(Sessions 60-65)	1 st choice	2 nd choice	(X) If Not Attending	_____
1:15 pm - 2:15 pm	(Sessions 70-75)	1 st choice	2 nd choice	(X) If Not Attending	_____

Early Bird Registration Fees:
Postmarked by 2/25/09

Late Registration Fees:
Postmarked by 3/16/09

Section A: Pre-conference Workshops – Wed.- Fri. 3/25-27, 2009

Check the boxes for your first choice preconferences.

	By 2/25	By 3/16 (if space available)
<input type="checkbox"/> 01 - Prehospital Trauma Life Support - PHTLS (2 days)	\$295	\$310
<input type="checkbox"/> 02 - Pediatric Education for Prehospital Professionals - PEPP (2 days).....	\$295	\$310
<input type="checkbox"/> 03 - Geriatric Education for EMS – GEMS (1.5 days)	\$195	\$210
<input type="checkbox"/> 04 - NECEMS EMS Managers' Module 1	\$150	\$165
<input type="checkbox"/> 05 - Back to Basics: Medical Emergencies	\$65	\$80
<input type="checkbox"/> 06 - EMS 101 (non-EMS personnel).....	\$50	\$65
<input type="checkbox"/> 07 - NECEMS EMS Managers' Module 2	\$150	\$165
<input type="checkbox"/> 08 - Back to Basics: Trauma Emergencies	\$65	\$80
<input type="checkbox"/> 09 - Sharpen Your Skills: EMT-I03 One-day Review Program	\$150	\$165
<input type="checkbox"/> 10 - NECEMS EMS Managers' Module 3	\$150	\$165
<input type="checkbox"/> 11 - EMS Instructor-Coordinator Workshop	\$65	\$80
<input type="checkbox"/> 12 - Rescue: Vehicle Extrication	\$125	\$140
<input type="checkbox"/> 13 - Introduction to 12-Lead EKGs	\$75	\$90
<input type="checkbox"/> 14 - Trauma Update	\$75	\$90

Section B: Main Conference Weekend Sessions: Sat.- Sun. 3/28-29, 2009

Check the boxes of applicable session fees.

	By 2/25	By 3/16
<input type="checkbox"/> VT-affiliated personnel (Saturday & Sunday sessions)	\$110	\$125
<input type="checkbox"/> NEW OPTION: VT-affiliated personnel One Day Fee	\$75	\$90
<input type="checkbox"/> Out-of-state personnel (Saturday & Sunday sessions)	\$125	\$140
<input type="checkbox"/> Out-of-state personnel (One Day Fee)	\$90	\$105

Pre-Conference Cost (List applicable fee; Section A above) = _____

Conference Cost (List applicable fee; Section B above) = _____

Saturday Buffet Dinner & Entertainment # of people _____ x \$37.00 each = _____

T-shirt Order - **Circle Size:** M L XL 2XL 3XL \$12.00 x _____ = _____

Processing Fee applicable for each person + **\$15.00**

GRAND TOTAL = _____

IF PAYING BY CREDIT CARD: Check one. VISA MASTERCARD

Card: # _____ Expiration Date: _____

Name of Cardholder (Print): _____ Signature: _____