



Texas EMS Conference 2018 Registration Form

This interactive form is for mail or fax registration. Type required information on form and print form. You may register online at www.texasemsconference.com. No refunds after October 22, 2018. There is a 20% administration fee if a refund is necessary. By signing up for the conference, you agree to have your likeness reproduced in publications.

Name _____	State/Province _____
Name preferred on Badge _____	Zip/Postal Code _____
Company _____	Country _____
Address _____	Phone Number _____
City _____	Email (required) _____
Job Function <input type="text"/>	Type of Service <input type="text"/>

I recommend, specify or approve products/services in the following categories (Please check all that apply.)

- All Categories
 None
 EMS Billing
 Supplies
 Education/Trng
 Vehicles
 Insurance
 Technology/IT

Full Conference Registration-----\$300

Preconference Classes

Check the class(es) you will be attending

- | | |
|--|--|
| <input type="checkbox"/> National Association of EMS Educators Instructor Course:Level 1-\$675 | <input type="checkbox"/> Multi-Lead Medics12-Lead ECG for Acute and Critical Care Providers--\$210 |
| <input type="checkbox"/> Slap the Cap: Role of Capnography in EMS-----\$200 | <input type="checkbox"/> NAEMT's Psychological Trauma in EMS Patients(PTEP)-----\$180 |
| <input type="checkbox"/> Brain Dissection Stroke Lab-----\$120 | <input type="checkbox"/> The Human Factor: Cadaver Based Anatomy Lab for Emergency Medicine--\$225 |

I agree to Texas EMS Conference Terms and Conditions. (Required to register)

Registration Fees

Full Conference _____
 Preconference Workshops _____
Total _____

Mail payments to:
Texas EMS Conference
PO Box 187
Lampasas, TX 76550

Payment

- Check (Payable to "Texas EMS Conference") No PO's after 10-12-2018.
 Purchase Order # _____

Credit Card _____
 Card Number _____
 Expiration Date (MM/YY) _____
 CCV # _____ Billing Zip Code _____
 Cardholder Name _____
 Cardholder Signature _____

Official Use Only	
Date Rec'd.	_____
Type of Pmt.	_____
Amt. Rec'd.	_____

If paying by credit card, fax your completed registration to : 512-759-1719. Registrations by fax will be accepted only if you are using a credit card or purchase order. Payments by check or money order must accompany your mailed registration. No mailed or fax registrations accepted after 10/22/2018. No refunds after 10/22/2018. There is a 20% administration fee if a refund is necessary. Mailed payments must be postmarked by deadline to receive early bird discount.