

EMS LEADERSHIP 2033

CONFERENCE REGISTRATION

Sept. 29 - Oct. 02, 2011
www.scemsleadership.com

How To Register:



1. Use one form for each individual. You may make photocopies if necessary.
2. Clearly print or type all information. This information will be used to print your name badge.
3. Indicate if you will be attending the pre-conference session.
4. Indicate which main conference sessions you will be attending.
5. Indicate your golf shirt size.
6. Write in which registration you will be paying for.
7. Indicate how many people will be attending the leadership dinner.
8. Make checks payable to SCEMS Leadership.
9. Completed payment forms can be sent in one of the following methods:
 - A) SCEMS Leadership, 343 Muirfield Parkway, Charleston, SC 29414
 - B) Or Fax your registration form with your credit card information to: (843) 202-6725
 - C) Send your registration online to info@scemsleadership.com
 For additional information, please call (843) 202-6700



CANCELLATION POLICY - There will be NO REFUNDS or cancellations made after September 01, 2011

Last Name _____ First Name _____

Organization _____

Address _____ City _____ State _____ Zip _____

Professional Title _____ Email Contact _____

Telephone # (H) _____ (W) _____ (Cell) _____

Pre-Conference - NAEMT EMS Safety Course (Must accompany full registration)

- \$50 if postmarked before September 01 \$ _____
- \$100 if postmarked after September 01 \$ _____

Main Conference Registration

- Full Registration \$199 if postmarked on or before September 01 \$ _____
- Full Registration \$249 if postmarked after September 01 \$ _____
- Single Day Registration * \$99 if postmarked on or before September 01 \$ _____
- Single Day registration * \$129 if postmarked after September 01 \$ _____
- Opening Night Cocktail Reception - \$30 (Inc. with Full Registration) \$ _____
- Leadership Dinner Extra Ticket - \$50 (One ticket inc. with Full Registration) \$ _____

TOTAL ENCLOSED \$ _____

* Single Day Registration does NOT include ticket for Leadership Dinner

Single Day Registration

Friday Saturday

Golf Shirt Size

L XL XXL

Attached payment - Check # _____ (payable to SCEMS Leadership) Amount \$ _____

Please bill my Visa MasterCard / Credit Card # _____ Exp _____

Security Code (From Back of Card) _____

Cardholder's Billing Address and zip code _____