



2009 Conference Registration

PLEASE PRINT

First Name _____ **Last Name** _____

Street Address (Include P.O. Box) _____

City _____ **State** _____ **Zip** _____

Home Phone () _____ **Work Phone** () _____

E-Mail Address _____ **EMS Department E-mail** _____

Emergency Services Affiliation (Department) _____

EMS Department Street Address and/or P.O. Box _____

City _____ **State** _____ **Zip** _____

Session Limits

Enter Amounts

Wednesday 1/21/09	<input type="checkbox"/> Breakfast		<input type="checkbox"/> \$12.00 Breakfast	\$
	<input type="checkbox"/> 3-Day "DOT Instructor Course"	LIMIT 30	<input type="checkbox"/> \$275.00 Includes Lunch	\$
	<input type="checkbox"/> 2-Day "Ambulance Managers, Part 2" *Prerequisite: Part 1	LIMIT 40	<input type="checkbox"/> \$150.00 Includes Lunch	\$
	<input type="checkbox"/> 1-Day "Behavioral Health Curriculum"	LIMIT 15	<input type="checkbox"/> \$90.00 Includes Lunch	\$
	<input type="checkbox"/> 2-Day "CISM, Group Crisis Intervention"	LIMIT 40	<input type="checkbox"/> \$150.00 Includes Lunch	\$
	<input type="checkbox"/> 1-Day "Ambulance Strike Team" Train the Trainer *Prerequisite: Leadership Training	LIMIT OPEN	<input type="checkbox"/> \$90.00 Includes Lunch	\$
	<input type="checkbox"/> 2-Day "AMLS" Advanced Medical Life Support Program	LIMIT 40	<input type="checkbox"/> \$150.00 Includes Lunch	\$
Thursday 1/22/09	<input type="checkbox"/> Breakfast		<input type="checkbox"/> \$12.00 Breakfast	\$
	<input type="checkbox"/> 1-Day "PEARS" Pediatric Emergency Assessment, Recognition and Stabilization	LIMIT 40	<input type="checkbox"/> \$90.00 Includes Lunch	\$
	<input type="checkbox"/> 2-Day "Ambulance Strike Team" Leadership Training	LIMIT 50	<input type="checkbox"/> \$150.00 Includes Lunch	\$
Indicate your preference. You may "jump" tracks				
Friday 1/23/09	<input type="checkbox"/> Breakfast		<input type="checkbox"/> \$12.00 Breakfast	\$
	<input type="checkbox"/> General Sessions Cadaver Labs	LIMIT 30 / LAB	<input type="checkbox"/> \$90.00 Includes Lunch & Vender Appreciation	\$
	<input type="checkbox"/> 10:00 am <input type="checkbox"/> 1:00 pm			
Saturday 1/24/09	<input type="checkbox"/> Breakfast		<input type="checkbox"/> \$12.00 Breakfast	\$
	<input type="checkbox"/> General Sessions		<input type="checkbox"/> \$90.00 Includes Lunch	\$
Sunday 1/25/09	<input type="checkbox"/> General Sessions		<input type="checkbox"/> \$45.00 Includes Breakfast	\$

Payment Method

Check Enclosed Purchase Order Credit Card

PURCHASE ORDER # _____

Company Name: _____

Billing Address: _____

City: _____

State: _____ **Zip:** _____

Billing Contact Name: _____ **Billing Contact Phone Number:** _____

CREDIT CARD PAYMENT: **Cardholder Name:** _____

Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Card Number: _____ **Expiration Date:** _____ **Signature:** _____

Subtotal (add all amounts)	\$
After 1/9/09 add \$20.00	+\$
*Discount: AEMSA MEMBER Subtract (\$30.00)	-\$
CONFERENCE TOTAL	\$

Conference Schedule
Subject To Change

Arrowhead EMS Association

4219 Enterprise Circle • Duluth, MN 55811-5719 • FAX to: (218) 726-0073

Register On-Line at
www.arrowheadems.com