

2013 Greater Buffalo EMS Conference

Beaver Hollow Conference Center

May 3-5, 2013

Registration Form

Complete one form per person:

Last Name: _____ **First Name:** _____
Organization: _____
Title: _____ **Level:** CFR EMT EMT-I EMT-CC EMT-P
EMT Number: _____
Email Address (CME certificates/confirmations will be sent here): _____
Phone: _____

Full Conference Registrants: (Complete this section)

<input type="checkbox"/> \$160* on or before April 15 th (\$200* after April 15 th)	\$ _____
Includes: Friday Session: WMD 7pm-10pm Saturday Session: General EMS Topics (does not include banquet) Sunday Session: (select one) <input type="checkbox"/> Provider Track <input type="checkbox"/> Instructor Track	
<input type="checkbox"/> I wish to attend the Saturday night Dinner Banquet (\$40)	\$ _____
<input type="checkbox"/> I request overnight accommodations (complete section below)	Sub Total:
	Section 1 \$ _____

“Ala Carte” Options: (Complete this section)

<input type="checkbox"/> Friday Session: WMD 7pm – 10pm	\$35	\$ _____
<input type="checkbox"/> Saturday Session: General EMS Topics (does not include banquet)	\$85	\$ _____
<input type="checkbox"/> Sunday Session: (select one)		
<input type="checkbox"/> Provider Track \$85		
<input type="checkbox"/> Instructor Track (select one)		\$ _____
<input type="checkbox"/> Non-Certified \$85 <input type="checkbox"/> NYS Certified CLI/CIC # _____ No charge		
<input type="checkbox"/> I wish to attend the Saturday night Dinner Banquet	\$40	\$ _____
<input type="checkbox"/> I request overnight accommodations (complete section below)		Sub Total:
		Section 2 \$ _____

Overnight Accommodations: (Complete this section)

<input type="checkbox"/> Friday <input type="checkbox"/> Saturday (\$120 each night)	_____ x _____ #of Rooms #of days	x \$120=	\$ _____
Name on the room: _____			
Number of People per room: _____			Sub Total:
Preference: <input type="checkbox"/> King Bed <input type="checkbox"/> Two Double Beds			Section 3: \$ _____

*Price does not include dinner banquet or overnight accommodations

TOTAL: \$ _____

Make checks payable to: Office of Prehospital Care 462 Grider Street; Buffalo, NY 14215

All Refunds will be processed less a \$25 admin fee / registrant. Beaver Hollow may charge an additional fee for cancelled rooms.