

REGISTRATION FORM

Contact the Rosen Plaza Hotel, Orlando, Florida
800-800-9840/ 407-996-9700
(Room Block Cutoff is Friday, January 7, 2004)

NAME (As it is to appear on badge) _____
First Last

(Check all that apply) ___ MD/DO ___ EMT ___ Paramedic ___ RN ___ PA ___ CEM ___ Firefighter ___ Other

Street _____

City/Province _____ State _____ Zip _____

Telephone Number (____) _____ Fax Number (____) _____ Email _____

Agency _____ Title _____

Professional License # _____ Expiration date _____

Please check if attending: _____ Networking Lunch on Friday, February 6, 2004
(No Charge for Conference Registrants) Additional Ticket Cost \$17.50

PRECONFERENCE FEE SCHEDULE

PRECONFERENCES – Thursday, February 5, 2004

(Check only one if applicable)

___ P-1	Hospital and WMD Response: A Primer for Managers and CEO's	\$175
___ P-2	Preparing for the Needs of First Responders and Their Families	\$125
___ P-3	USAR Awareness for EMS Personnel	\$75
___ P-4A	Injury Simulation Course	\$100
___ P-4B	Injury Simulation Course	\$100

TOTAL PRECONFERENCE FEE: \$ _____

GENERAL CONFERENCE FEE SCHEDULE

	Early Registration (Before January 5)	Late Registration (After January 5)
Disaster 2004 (Conference only)	\$320	\$350
3 or more registrations for same agency	\$290	\$320
ACEP Disaster Section Member	\$290	\$320
General Conference One-Day	\$150	\$150
FCEP Member (Conference only)	\$160	\$160

PRECONFERENCE FEE: \$ _____ + GENERAL CONFERENCE FEE: \$ _____ = TOTAL DUE: \$ _____

FRIDAY BREAKOUT TRACKS

___ T-1 Outbreak/Public Health
___ T-2 Medical
___ T-3 Response

SATURDAY BREAKOUT TRACKS

___ T-1 Outbreak/Public Health
___ T-2 Medical
___ T-3 Planning

Payment Method: M/C Visa Check # _____ PO# _____ (We do not accept AMEX)

Credit Card # _____ Expiration Date _____

Card Holder Name _____ Card Holder Signature _____

Payment must accompany registration form. Mail form to the address listed below. Form may be faxed only if a credit card or purchase order number is included. All purchase orders will be billed at the late registration rate. FEMF Federal Tax ID #59-3001777.

Make checks payable to: Florida Emergency Medicine Foundation (FEMF)

Mail to: 3717 S. Conway Rd, Orlando, Florida 32812 Fax to: (407) 281-4407

Phones: (407) 281-7396 or (800) 766-6335 Website: www.FEMF.org Email: info@femf.org

Note: Cancellation and refunds will be made only if requested in writing to the Disaster 2004 Conference Registrar.
No refunds will be made after January 31, 2004. For cancellations, an administrative fee of \$75.00 will be retained.

Registration may be transferred to another individual.