

ATTENDEE REGISTRATION FORM

PAY BY CHECK / PO

PRINT 1 PER ATTENDEE



(Please Print Clearly)

For Groups:
Registration of

PO: (If Applicable) _____

Date: _____

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

*Email Address: _____

Telephone Number : _____ Cell Home Work

Secondary Telephone Number : _____ Cell Home Work

Primary State License #: _____ N/A

State License Expiration: _____ N/A

NREMT Certification #: _____ N/A

NREMT Certification Expiration: _____ N/A

License/Certification Level: EMR EMT AEMT PARAMEDIC Other: _____

Service Affiliated With: _____ N/A

Service Street Address: _____

Service City: _____ Service State: _____ Service Zip: _____

Registration Type: 1-Day 2-Day 3-Day

Registration Days: Thursday, Friday, Saturday Thursday, Friday Friday, Saturday

Registration Rate: _____

Pre-Conference Session(s): _____

Pre-Conference Rate: _____

Total for Attendee: _____

Name on Check: _____ Check #: _____

Total Check Amount Enclosed: _____

**We will email a receipt once your registration is processed*



HOTEL REGISTRATION FORM

PAY BY CHECK / PO

PRINT 1 PER ATTENDEE



Room rate is discounted, tax-free & all resort fees are waived when booking through EMS PRO.

Please Note: Only Queen Rooms Available on October 25th.

Check-In Date: _____ Check-Out Date: _____

Room Type: Double Queen King

Smoking Preference: Smoking Non-Smoking

ADA Accessibility Needs: Yes No

Any Special Room Requests: _____

Room Rate Schedule

Tuesday Oct-25 \$149.00 (USD)	Wednesday Oct-26 \$159.00 (USD)	Thursday Oct-27 \$159.00 (USD)	Friday Oct-28 \$239.00 (USD)	Saturday Oct-29 \$269.00 (USD)
----------------------------------	------------------------------------	-----------------------------------	---------------------------------	-----------------------------------



EMS PRO & FIRE PRO EXPO
MAILING ADDRESS
P.O. Box 316
Ivoryton, CT 06442