

# 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](http://www.FEMF.org) Email: [info@femf.org](mailto: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.