

# Conference Registration

South Carolina Emergency Care Symposium  
March 28-31, 2012



## How To Register

1. Use one form for each individual. You may make photocopies if necessary.
2. Clearly print or type all information. This information will be used to print your name badge.
3. Indicate which pre-conference sessions you would like to attend.
4. Indicate which main conference sessions you will be attending.
5. Indicate your "T" Shirt size.
6. Write in which registration you will be paying.
7. Make checks payable to SC EMS Network, Inc.
8. Completed payment forms can be sent in one of the following methods:
  - A) SC EMS Network, Inc., 1314 W. Darlington St, Florence, SC 29501
  - B) Fax your registration form with your credit card information to (843) 662-9444
  - C) Download a registration form online at [www.scemsnetwork.org](http://www.scemsnetwork.org) and fax or mail as aboveFor additional information, please call (843) 662-5771

**Cancellation Policy - Cancellations received prior to March 1, 2012 will receive a full refund minus a \$20 handling fee. THERE WILL BE NO REFUNDS AFTER March 14, 2012. Substitutions only will be allowed after March 14, 2012. No registrations will be accepted by mail after March 20, 2012.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Professional Title \_\_\_\_\_ Email Contact \_\_\_\_\_  
Telephone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Check here if you prefer not to have your registration information shared with conference vendors.**

## Pre-Conference Registration

- EMS Education Standards-Thriving In The New EMS Classroom - \$40 (SC EMS Educators' Association Members Free) \$ \_\_\_\_\_  
 Medical Control Physician Workshop - No Charge

## Main Conference Registration

- Full Conference Registration - \$135 (\$185 if postmarked after March 1, 2012) \$ \_\_\_\_\_  
 Single Day Registration\* - Circle Day in Box - \$75 (\$95 if postmarked after March 1, 2012) \$ \_\_\_\_\_  
\* Single day registration does NOT include tickets for Wine & Cheese Reception or Awards Banquet  
 Wine & Cheese Reception Pass - \$10 (included with Full Conference Registration) \$ \_\_\_\_\_

**TOTAL ENCLOSED** \$ \_\_\_\_\_

## Please Register me for the Following Sessions

- |                              |                              |                              |                              |                              |                              |                              |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 101 | <input type="checkbox"/> 201 | <input type="checkbox"/> 301 | <input type="checkbox"/> 401 | <input type="checkbox"/> 501 | <input type="checkbox"/> 601 | <input type="checkbox"/> 701 | <input type="checkbox"/> 801 |
| <input type="checkbox"/> 102 | <input type="checkbox"/> 202 | <input type="checkbox"/> 302 | <input type="checkbox"/> 402 | <input type="checkbox"/> 502 | <input type="checkbox"/> 602 | <input type="checkbox"/> 702 | <input type="checkbox"/> 802 |
| <input type="checkbox"/> 103 | <input type="checkbox"/> 203 | <input type="checkbox"/> 303 | <input type="checkbox"/> 403 | <input type="checkbox"/> 503 | <input type="checkbox"/> 603 | <input type="checkbox"/> 703 | <input type="checkbox"/> 803 |

## Single Day Registration (circle one)

Thursday    Friday    Saturday

## "T" Shirt Size

S    M    L    XL    XXL

## PAYMENT METHOD

Attached payment - Check # \_\_\_\_\_ (payable to SC EMS Network, Inc.)    Amount \$ \_\_\_\_\_  
Please bill my  Visa     MasterCard / Credit Card # \_\_\_\_\_    Exp \_\_\_\_\_  
Cardholder's Billing Address \_\_\_\_\_  
Name as it appears on card \_\_\_\_\_    Authorized signature \_\_\_\_\_