

2024 EMS REGION III ANNUAL CONFERENCE

Full Name:
 Email Address:
REQUIRED
 Affiliation:
 Home Address:
 City
 Daytime Phone:

| | | | | | |
|--|--|---------------|--------------------|------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | State: | | Zip Code: | |
| | | | Cell Phone: | | |



T-Shirt Size:

| | | | | | |
|----------|----------|----------|-----------|------------|------------|
| S | M | L | XL | 2XL | 3XL |
|----------|----------|----------|-----------|------------|------------|

PLEASE CHECK OFF THE PRE-CONFERENCE WORKSHOPS YOU WILL BE ATTENDING:

| Workshops starting Monday, April 22, 2024 | | | | |
|--|--|------|----------|--------|
| <input type="checkbox"/> P01 | EMT-Intermediate Renewal CE Package | | | \$200 |
| <input type="checkbox"/> P02 | EMT-Paramedic Renewal CE Package | | | \$350 |
| <input type="checkbox"/> P03 | EMD Renewal Package | | | \$100 |
| <input type="checkbox"/> P04 | PHTLS | | | \$300 |
| <input type="checkbox"/> P05 | Wilderness EMT Upgrade | | | \$475 |
| <input type="checkbox"/> P06 | Tactical Emergency Causality Care (TECC) | | | \$275 |
| <input type="checkbox"/> P07 | Intro to ECG | | | \$100 |
| Workshops starting Tuesday, April 23, 2024 | | | | |
| <input type="checkbox"/> P08 | EMT-Basic Renewal CE Package | | | \$175 |
| <input type="checkbox"/> P09 | First Responder Renewal CE Package | | | \$145 |
| <input type="checkbox"/> P10 | Moulage Course | | | \$100 |
| <input type="checkbox"/> P11 | NMEMSTARS Data Quality - Provider Class | | | Free |
| Workshops starting Wednesday, April 24, 2024 | | | | |
| <input type="checkbox"/> P12 | Skills Day - ½ day | \$60 | Full day | \$ 100 |
| <input type="checkbox"/> P13 | Medical Director Course | | | Free |
| <input type="checkbox"/> P14 | NMEMSTARS Data Quality - Administrator | | | Free |

| Workshops starting Thursday, April 25, 2024 | | |
|---|--|-------|
| <input type="checkbox"/> P15 | PEARS | \$210 |
| <input type="checkbox"/> P16 | Stop the Bleed (Train the Trainer) morning | \$ 60 |
| <input type="checkbox"/> P17 | Fund Act/NMEMSTARS/LMS | Free |
| <input type="checkbox"/> P18 | Critical Care Fundamentals | \$ 50 |
| <input type="checkbox"/> P19 | Stop the Bleed (Train the Trainer) afternoon | \$ 60 |

WHICH CORE CONFERENCE SESSION WILL YOU BE ATTENDING: (ONE PER SESSION)

| Friday, April 26, 2024 Sessions | | | | | |
|--|--|--------------------------------|--------------------------------|-----------|----|
| Friday, Morning General Session | | 01 | | | |
| Friday, Morning Breakout Sessions | | 02 | 03 | 04 | 05 |
| Friday, Afternoon Breakout Sessions | | 06 | 07 | 08 | 09 |
| Friday, Afternoon Breakout Sessions | | 10 | 11 | 12 | 13 |
| Friday, Afternoon Breakout Sessions | | 14 | 15 | 16 | 17 |
| Saturday, April 27, 2024 Sessions | | | | | |
| Saturday, Morning General Session | | 18 | | | |
| Saturday, Morning Breakout Sessions | | 19 | 20 | 21 | 22 |
| Saturday, Afternoon Breakout Sessions | | 23 | 24 | 25 | 26 |
| Saturday, Afternoon Breakout Sessions | | 27 | 28 | 29 | 30 |
| Saturday, Afternoon Breakout Sessions | | 31 | 32 | 33 | 34 |
| Sunday, Morning General Session | | | | 35 | |
| Sunday, Morning General Session | | | | 36 | |
| Sunday, Closing General Session | | | | 37 | |
| Registration Fees (Choose One) | | | After Apr. 7 | | |
| <input type="checkbox"/> Core Conference Registration | | \$275 | \$310 | | |
| <input type="checkbox"/> Discounted Core Conference rate if also attended EMTB, I or P renewal* | | \$250 | \$250 | | |
| <input type="checkbox"/> Daily Rate | | \$120 | \$120 | | |
| <input type="checkbox"/> Guest Pass** | | \$ 25 | \$ 25 | | |
| Scholarship Approved | | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$200 | | |

Pre-Conference Fees: _____
Conference Fees: _____
Guest Pass: _____
Other: _____

Name of Guest Attending (If Applicable): _____
TOTAL AMOUNT:

* **If taking the Core Conference to complete the additional CE Requirements.**
Note: EMD and EMSFR received all CEs required for renewal during Pre-Conference and do not receive a core conf. discount
****Extra Meal Tickets can be purchase at Registration Desk**

Method of Payment (If paying with credit card, you may fax your completed form to EMS Region III at 575-769-3485)

- Checks (Payable to EMS Region III)
 Purchase Order (**PO must be submitted with Registration Form**)
 Credit Card Visa MasterCard Discover

| | | |
|----------------------------|-------------------------|--|
| Credit Card Number: | Expiration Date: | |
| Cardholder Name: | CVC: | |
| Address: | City: | |
| State: | Zip Code: | |