2025 EMS REGION III ANNUAL CONFERENCE

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Ful	l Name	e:												A				
Affiliation:														3				
Home Address:														\$				
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•		rom above)			State						7in Cod		_					
City					State:			Cal	II Pho	no:	Zip Cod	e:						
Daytime Phone: Email: (REQUIRED)								Cei	II FIIC	nie.								
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F	PLEASE	E CHECK OFF	THE PR	E-CONFER	ENCE WOE	RKSHO	OPS YOU	J	1 [WHIC	H CORE CO	ONFEREN	ICE SESSI	ON WIL	L YOU	BE AT	TENI	ING
			WILL B	E ATTEND	ING:								NE PER S					
Workshops starting Monday, April 21, 2025								Friday, April 25, 2025 Sessions										
	P01	EMT-Interr	mediate Renewal CE Package							y, Morning General Session				01				
	P02	EMT-Para	nedic Renewal CE Package						Friday,	, Morning Breakout Sessions			5	02	03	04	05	
	P03	EMD Rene	ewal Package			\$, Afternoon Breakout Sessions			ns	06	07	80	09	
	P04	PHTLS	S				\$3	\$300 Friday			v, Afternoon Breakout Sessions			ns	10	11	12	13
	P05	Wilderness	Wilderness EMT Upgrade					475 Friday, Afternoon Brea				n Breako	ut Sessior	ns	14	15	16	17
	P06						\$2	275	75									
	P07						\$^	100	1	Saturday, April 26, 2025 S						S		
		Workshop		g Tuesday	, April 22,	2025				Saturo	lay, Morn	ing Gene	eral Sess	ion	18			
	P08	EMT-Basic	Renewa	al CF Pack	age		\$	175	1	Saturd	ay, Mornir	ng Break	out Session	ons	19	20	21	22
	P09	First Resp					\$	145	1	Saturda	ay, Afterno	on Break	out Sessio	ns	23	24	25	26
	P10		\$	100	1	Saturday, Afternoon Breakout Sessions				ons	27	28	29	30				
☐ P10 Moulage Course							F	ree	1		ay, Afterno				31	32	33	34
							1	100			-							35
$\overline{}$	P12	Workshops starting Wednesday, April 23, 202						100	Sunday, Morning General Session									36
<u> </u>		-	<u> </u>							Inday, Morning General Session								
P13 Medical Director Course					F	ree		Sunday, Closing General Session								37		
	P14	NMEMSTARS Data Quality - Administrator						ree			gistration Fees (Choose One)							
										☐ Cor	re Confere	nce Reg	istration					\$31
	Workshops starting Thursday, April 24, 2025						5			☐ Dis	scounted (Core Con	ference ra	ate if				\$25
	P15	PEARS					\$2	210		also attended EMTB , I or P renewal*								φΖΟ
	P16	Stop the B	Bleed (Train the Trainer) morning				\$	60		☐ Daily Rate								\$12
	P17	Fund Act/NMEMSTARS/LMS					F	Free Guest Pass**										\$ 2
	P18	Advanced Airway Management					\$	90	1	Scholarship Approved						100		\$20
	P19		ne Bleed (Train the Trainer) afternoon					60				Fees:						
		Stop the D	ieeu (Tra	alli ule Ital	nei) anem	OOH			1			Co	nference	Fees:				
													Guest					
														Other:				
	_	the Core Co	onferenc	e to compl	ete the add	ditiona	al CE			Namo	of Guest	Attondi						
	equiren	nents. ID and EMSF	R receiv	ed all CFs	required f	or ren	ewal				oi Guesi	of Guest Attending (If Applicable):						
		re-Conferen									<u>TOTAL AMOUNT:</u>							
**E	xtra M	leal Tickets	can be pu	urchase at	Registration	on Des	sk											
					Ü													
Me	thod o	f Payment (If paying	with credit	card, you n	nay fax	x your co	ompl	eted f	orm to E	EMS Regio	n III at 575	5-769-3485	5)				
		\sqcap c	hecks	(Payable	to EMS F	Regio	n III)											
		□ P	urchas	e Order (PO must	be s		ed v	vith	Regist	ration Fo	orm)						
		* ** C	redit Ca	ard	☐ Vi	sa				Mast	erCard		☐ Dis	scover				
C	- 41:4 - C	and Norrele									F-		Data:					7
-		ard Number	· -								Exp	iration CVC:	vate:					1
Cardholder Name: Address:			<u> </u>									City:						1
State:									Ziı	o Code	:	July.	1					1