

THE THIRD NATIONAL EMERGENCY MANAGEMENT SUMMIT

The Leading Forum on Disaster, Epidemic and Terrorism Planning, Response and Recovery

Registration Form

1: PLEASE COMPLETE THE FOLLOWING

NAME OF REGISTRANT _____

TITLE _____

NAME OF ORGANIZATION _____

FIRST NAME AS IT WILL APPEAR ON YOUR BADGE _____

Work Address or Home Address (List only preferred mailing address)

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE (____) _____

FAX NUMBER REQUIRED FOR CONFIRMATION LETTER: _____

FAX (____) _____

E-MAIL _____

SPECIAL NEEDS (DIETARY OR PHYSICAL) _____

2: REGISTRATION FEES

Preconference Only:

\$495.00

Summit Registration - Standard Rates:

(does not include preconference)

- Registration received through 12/19/08 \$995.00*
- Registration received through 1/30/09 \$1095.00**
- Registration received after 1/30/09 \$1395.00

Summit Registration - Government Rates:

(does not include preconference)

- Registration received through 12/19/08 \$695.00*
- Registration received through 1/30/09 \$795.00**
- Registration received after 1/30/09 \$895.00

* This price reflects a discount for registration & payment received by Friday, December 19, 2008.

** This price reflects a discount for registration & payment received by Friday, January 30, 2009.

*** Government Rate applies only to full time employees of local, state or federal government.

Summit Multimedia

(may only be purchased with full Summit registration)

- DVD-ROM \$145.00
- Flash Drive \$145.00
- Video iPod™ Nano \$295.00

3: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the conference registrar at the address below, or fax your credit card payment to 760-418-8084.

Check/money order enclosed (checks payable to Health Care Conference Administrators, LLC)

Credit card: American Express Visa MasterCard

Amount Due (No. 2 + No. 3)

TOTAL \$

ACCOUNT No. _____

NAME OF CARDHOLDER _____

EXP. DATE / _____

SIGNATURE OF CARDHOLDER _____

REGISTRANT SIGNATURE _____

Register today!



Please return your application and full payment by fax to: 760-418-8084



Register online at: www.EmergencyManagementSummit.com



Or mail this form with correct tuition fee (U.S. funds) to: Conference Office, 3291 West Wilson Road Pahrump, NV 89048

4: OTHER INFORMATION

We cannot guarantee your attendance unless payment is received with your registration.

For more information: Call 800-684-4549 or send e-mail to info@EmergencyManagementSummit.com. Visit our website at www.EmergencyManagementSummit.com.

Terms and Conditions: Program subject to change. Executed registration form, online registration and email confirmation constitute binding agreement between the parties.

Tax Deductibility: Expenses of training, including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession, may be tax deductible. Consult your tax advisor.

Federal Tax ID: 91-1892021

Cancellations/Substitutions: No refunds will be given for "no-shows" or for cancellations. You may send a substitute; please call the Conference Office at 1-800-684-4549.

How did you learn about this conference?

- Brochure Magazine Ad Friend/Colleague E-mail Notice