

Oregon EMS Conference 2007 Registration

Pre-conference workshop registration deadline is August 24, 2007, unless noted otherwise. REGISTER EARLY! Space is limited.

NOTE: Hotel room rates are available only until Monday, August 20, 2007. See page 16 of brochure for more information.

Scholarships are available from the Oregon State Ambulance Association. Please call Nan Heim at 503-224-0007. Deadline for application is July 31, 2007

Conference Registration: Complete form and submit with payment to:
PCC-IHP Central Portland -- THS
 1626 SE Water Ave. #114
 Portland, OR 97214

Register with credit card by phone 503-731-6633, by fax 503-731-6632, or attach and email to Teresa Sielsch at tsielsch@pcc.edu

Payment: Please make checks payable to Portland Community College. On-site registration will be accepted only if space permits. Registration must be accompanied by check, money order or approved credit card (VISA, MasterCard). **Unfortunately, purchase orders cannot be accepted.**

Refunds and Cancellations: Refunds will be given, less a \$25 processing fee, if PCC-IHP is notified at the above phone number, mailing address, or FAX at least 10 working days prior to the start of the conference. Thereafter, NO refunds will be issued. If you cannot attend, you may send a substitute in your place provided that PCC-IHP is notified 5 working days prior to the conference. Thereafter, NO substitutions will be made.

Registration Student Rate: Student must be enrolled in an EMT Basic, Intermediate, or Paramedic program (Summer or Fall 2007). You MUST supply a copy of your official registration/schedule for verification along with the conference registration form. For questions about eligibility, please contact Mark Hornshuh at 503-978-5570. There are no discounted rates for pre-conference workshops. **The student rate does not include t-shirt or Friday awards banquet.** Please purchase a dinner (\$35) if you would like to attend the banquet, noting your meal preference.

Please indicate your area(s) of interest:

- ALS ILS BLS Educator/Mgr

Please supply your middle initial and/or birthdate so that PCC can distinguish you from someone else with the same name.

CONFERENCE FEES & OFFERINGS

Pre-Conference Workshops, Thursday, 9/20

EMS Roles in Public Health Emergencies with Dr. Susan Allan
NO CHARGE. Call 971.673.0530 to register, do NOT register on this form.

- Be a HERO when Responding to People w/Cognitive Impairments \$120 \$ _____
- Weapons of Opportunity \$ 45 \$ _____
- CPR Instructor Update \$120 \$ _____
- ILS/ALS Skills \$120 \$ _____

Two-day Conference, Friday & Saturday, 9/21-22

Registration on or before 8/24/07

- Registration (Includes T-Shirt and Banquet Dinner) \$235 \$ _____

Registration after 8/24/07 and on-site

- Registration (Includes T-Shirt and Banquet Dinner) \$265 \$ _____

Circle t-shirt size* M L XL XXL

*Your t-shirt size may not be available if size is not selected.

Select Banquet choice:

- Beef Vegetarian Chicken
 I will not be attending banquet

- Student Rate before 8/24/07** \$130 \$ _____

- Student Rate after 8/24/07** \$165 \$ _____

- Banquet Dinner Guest(s) - Friday night Awards

Qty _____ x \$35 each \$ _____

Qty of _____ Beef _____ Vegetarian _____ Chicken

TOTAL AMOUNT ENCLOSED \$ _____

Today's Date _____

EMPLOYER/AGENCY AFFILIATION-As you would like to have it written on your name badge. (Please limit to 30 characters, printed clearly)

LAST NAME FIRST NAME M

STREET ADDRESS CITY STATE ZIP

EMAIL ADDRESS (Please print clearly) DAY PHONE EVE. PHONE DATE OF BIRTH

I WISH TO PAY BY: CHECK (PAYABLE TO PCC) VISA MASTERCARD

CREDIT CARD # EXPIRATION DATE

CARDHOLDER NAME CARDHOLDER SIGNATURE

Check here if you do NOT want your name, address, and phone number supplied to the conference exhibitors.