EMS Management Conference Registration June 3-4, 2019 – Bismarck Ramada

Register Using This Form or Online <u>www.ndemsa.org</u>

First Name: L		Last Name:		
Title: N		ND EMS ID#:		
Agency/Organization:				
Address:	City:		State:	Zip:
Contact Phone:				
Email Address:				
All meals, snack	s, and refreshm	ents are include	ed in your reg	istration
For planning purposes, will y	<u>you be attend</u>	ing?		
Monday, June 3 rd Dinn	er 🗌	Yes 🗌 No		
Tuesday, June 4 th Breakfast 🛛 Yes 🗌 No				
Tuesday, June 4 th Lunc				
Fee Type		NDEMSA	Member	Non-Member
Early Registration Fee		\$75.0	00	\$100.00
June 3-4 On-Site Registration Fee		(Add \$25.00)		
NDEMSA Membership Ending 12/31/2019		(Add \$40.00 if applicable)		
NDEMSA Membership Ending 12/31/2020		(Add \$60.00 if applicable)		
Total Payable	e to NDEMSA	A: <u>\$</u>		
[] Check # is enclosed fo		r \$		_ (checks payable to NDEMSA)
or charge \$				
Card Number:				
Signature authorizing charges:				

NOTE: Cancellation fee of \$20.00 applies before May 29, 2019. Transfer registration to another individual for free.



ND EMS Association ~ 1622 East Interstate Avenue ~ Bismarck, ND 58503 (701) 221-0567 ~ <u>ndemsa.office@ndemsa.org</u>