

**EMS State of the Science: A Gathering of Eagles VIII
February 17-18, 2006 ** Hilton Dallas Lincoln Centre**

Name _____

Degree/ Certification _____ Last Four Digits of SS# _____

Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Fax _____

Email address: _____

REGISTRATION FEE – BEFORE DECEMBER 30

\$195 (Physicians) \$95 (EMT, PARAMEDICS, EMS, Nurses, Healthcare Professionals)

REGISTRATION FEE – AFTER DECEMBER 30

\$225 (Physicians) \$125 (EMT, PARAMEDICS, EMS, Nurses, Healthcare Professionals)

Indicate Credit Desired: AMA CECBEMS (EMT/PARAMEDICS/EMS) General

Method of payment: CHECK MASTERCARD VISA AMEX

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** Credit Card charges will require the card number and card verification number. VISA/ MasterCard holders will find the 3-digit verification number printed on the back of your card to the right of the card number. American Express holders will find the 4-digit number printed on the front of the card on the right side.

The registration fee entitles the participant admission to the conference, continental breakfast, lunch, refreshment breaks and all course materials. **No registration substitutions are allowed.**

Enrollment is confirmed upon receipt of registration fee. We are unable to process any registration without payment. Please register early. We cannot guarantee course materials on site to anyone registering later than **Feb 10, 2006.**

Checks should be made payable to **Office of Continuing Education** and mailed to:

UT Southwestern/ Continuing Education
5323 Harry Hines Boulevard
Dallas, Texas 75390-9059

Fax completed registration form to: 214-648-4804 or 214-648-2317

The Office of Continuing Education reserves the right to limit registration and cancel courses, no less than one week prior to the course, should circumstances make this necessary.

A \$50 handling fee will be deducted from cancellation refunds. Refund requests must be received by mail or fax **prior to February 10, 2006. No refunds will be made thereafter.**

Specify Dietary Restrictions: _____

The University of Texas Southwestern Medical Center at Dallas is committed to providing programs and activities to all persons regardless of race, color, national origin, religion, sex, age ,or disability.

ADA Statement ____ Check here if you require assistance because of a disability to make this program accessible to you. Someone from the conference office will be in touch with you.