2023 REGISTRATION

Name:												
Street Address:												
City:			_ Sta	State:			Zip:					
Phone:			_ Ot	_ Other Phone:								
*** Clinician #:												
Email (required):												
Primary Affiliation:												
Certification/Licensure (Circle):	EMR	EMD	EMT	CRT	Paran	nedic	LPN	RN	NP	PA	MD	
Pre-Conferences (Select On	ly One	e)										
EMT Skills Refresher						\$85						
Practice Makes Perfect — An Interactive \$50 Pediatric Medical Workshop												
Weekend Registration Fe	es											
Single-Day Registration	9	\$90		Two-Day Regis				stration			\$150	
(Select Only One)	(Select Only One) (Se					Saturday and Sunday)						
——— Saturday - General Sessions & Breakouts ——				G	— General Sessions & Breakouts							
Sunday												
Saturday Afternoon Brea	kout	Ses	sions	(Cho	oose on	e for e	ach se	ssion)				
First Sessior	ר -	А	В	C I	d e	E F	= (5				
Second Sessior	ן -	А	В	C I	D E	E F	= (3				
Total Amount Due \$			= P	Pre-co	nferen	ice fe	es + C	Confei	rence	fees		

WINTERFEST EMS CONFERENCE

Make checks payable to Winterfest EMS. Reservations are **due by Friday**, **January 20**, **2023**. Send check along with this form to Winterfest EMS, C/O Talbot Co. DES, 605 Port Street., Easton, MD 21601. *If payment is not readily available from the registrant's department, registration forms must be submitted with a letter of intent to pay on department letterhead.*

*** Clinician Number is REQUIRED to Receive Continuing Education Credits ***