

Name: _____ AR EMT or Member #: _____
 Employer/Representing: _____ Date of Birth: _____ (For Membership Only)
 Address: _____ City: _____
 State: _____ Zip: _____ County: _____ Home Phone: _____
 Work Phone: _____ E-Mail Address: _____
 Cell Phone: _____ Affiliation: EMT EMT-I EMT-P Instructor 1st Responder Physician
 (Circle all that Apply) RN LPN EMS Administrator Other: _____
 T-Shirt Size: _____ Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____ XXX-Large
 Do you plan to attend the awards banquet on Saturday, August 9, 2008? _____ Yes _____ No

CONFERENCE REGISTRATION

QTY	Item		Before 07/01/08	After 07/01/08	Total
	Full Conference Registration (Receives Conference Bag, T-Shirt, Pin & Banquet Ticket)	AEMTA Member	\$125.00	\$ 150.00	
		Non-Member**	\$150.00	\$ 175.00	
	Extra Banquet Ticket		\$ 40.00	\$ 40.00	
	One (1) Day Registration (Receives Conference Bag Only)	Day Attending: _____ Thurs (08/07) _____ Fri (08/08) _____ Sat (08/09) _____ Sun (08/10)	\$ 50.00	\$ 50.00	
	Two (2) Day Registration (Receives Conference Bag & T-Shirt Only)	Days Attending: _____ Thurs (08/07) _____ Fri (08/08) _____ Sat (08/09) _____ Sun (08/10)	\$ 85.00	\$ 85.00	
		SUB-TOTAL			

****You may join the AEMTA on this registration form and receive the member price.**

AEMTA MEMBERSHIP DUES 2009

Qty	Item	Cost	Total
	Arkansas EMT Association - Regular Member	\$ 20.00	
	Associate Member (Out of State EMS, RNs, LPNs, Physicians, etc.)	\$ 15.00	
	Squad Membership - First 20 Included in Membership	\$175.00	
	Squad Membership - \$8.00 each membership after first 20	\$8.00	
	Industrial Society	\$10.00	
	Fire/EMS Society	\$10.00	
	First Responder Society	\$ 5.00	
	Instructor / Coordinator Society	\$ 5.00	
	Paramedic Society	\$10.00	
	SUB-TOTAL		

TOTAL DUE TO CONFERENCE

Item	Total
Arkansas Ambulance Assoc. Scholarship Fund Donation	
Arkansas EMS Foundation Scholarship Fund Donation	
Wannell Bradshaw Benevolence Fund Donation	
Conference Registration Sub-Total	
AEMTA Membership & Society Dues Sub-Total	
TOTAL DUE	

Mail Registration form and fees to:

AEMTA EMS 2008 Conference
 10 Medical Services Drive
 Morrilton, AR 72110

******* THERE WILL BE A \$25.00 FEE FOR ALL RETURNED CHECKS *******

Payment Method: _____ Check or Money Order Enclosed **Make check/money order payable to AEMTA EMS Conference 2008 (DO NOT SEND CASH)**
 Check/M.O. #: _____
 _____ Credit Card Type: Visa Expiration Date: _____
 Mastercard Billing Zip Code: _____
 Discover
 Card Number: _____
 Signature (Credit Card Only): _____
 _____ Purchase Order
 P.O. #: _____ Company Name: _____
 Contact Person: _____ Phone Number: _____
 Billing Address: _____
 Special Needs: (If you have any special needs please list): _____

You can also register online at www.aemta.org and pay by check or credit card through PayPal.