

**AEMTA Spring Fling 2010
March 12 & 13, 2010**

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: _____

SPRING FLING REGISTRATION

ITEM		PRICE	PRICE	TOTAL
		Before 03/01/10	After 03/01/10	
Spring Fling Registration	AEMTA Member	\$ 40.00	\$ 55.00	
	Non-Member**	\$ 50.00	\$ 65.00	
	TOTAL			

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

AEMTA MEMBERSHIP DUES

ITEM	COST	TOTAL
Arkansas EMT Association	\$ 20.00	
Instructor / Coordinator Society	\$ 10.00	
Paramedic Society	\$ 10.00	
Industrial Society	\$ 10.00	
Fire/EMS Society	\$ 10.00	
First Responder Society	\$ 10.00	
TOTAL		

TOTAL DUE TO CONFERENCE

ITEM	TOTAL
Spring Fling Registration Total	
AEMTA Membership & Society Dues Total	
TOTAL DUE	

Mail Registration form and fees to:

AEMTA Spring Fling
 Donald Reed, Chairman
 407 S 33 1/2 Street
 Paragould, AR 72450

- Make check or money order payable to AEMTA **(DO NOT SEND CASH & NO PURCHASE ORDERS ACCEPTED)**

Payment Type:

_____ Check / Money Order Enclosed (Check/MO Number: _____)
 _____ Credit Card Type: Visa Mastercard Expiration Date: _____
 Card Number: _____
 Billing Zip Code: _____
 Signature: _____

For Additional Information please contact Donald Reed at (870) 450-5909.