REGISTRATION FORM

EMS STATE OF THE SCIENCE:
A GATHERING OF EAGLES XI

February 20-21, 2009

UT SOUTHWESTERN MEDICAL CENTER

Sponsored by
UT Southwestern Department of Surgery
and the Office of Continuing Medical Education

#RP0902C

First Name_____Middle Initial_____Last Name_____

Degree/Certification_____Last four Digits of SS#_____

Address_____

City_____ State_____ Country_____Postal Code_____

Business Phone_____Fax_____ ☐ UT Southwestern Alumni

Email_____ Please indicate preferred method to receive confirmation: ☐ Email ☐ Fax ☐ Mail

REGISTRATION FEE – BEFORE JANUARY 5, 2009

☐ $225 (Physicians, Medical Directors) ☐ $99 (EMT, Paramedics, EMS, Nurses, Healthcare Professionals)

REGISTRATION FEE – AFTER JANUARY 5, 2009

☐ $275 (Physicians, Medical Directors) ☐ $150 (EMT, Paramedics, EMS, Nurses, Healthcare Professionals)

INDICATE CREDIT DESIRED:

☐ CECBEMS (EMT/Paramedics/EMS) ☐ General

METHOD OF PAYMENT:

☐ MASTERCARD ☐ VISA

Security Code

Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐

Expiration Date _____ Signature of cardholder _____

Print name of cardholder_____

Billing Address of Cardholder: _____

City_____State_____Zip Code_____

☐ AMEX

Security Code

Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐

Expiration Date _____ Signature of cardholder _____

Print name of cardholder_____

Billing Address of Cardholder: _____

City_____State_____Zip Code_____

☐ CHECK **NAME(S) OF REGISTRANT(S) MUST BE INDICATED ON THE CHECK(S)**

If paying by check make checks payable to: **UT Southwestern / CME**

Fax completed registration form to **214-648-4804**.

Mail completed registration form to:

Continuing Medical Education / UT Southwestern
5323 Harry Hines Blvd., / Dallas, Texas 75390-9059

REGISTRATION

The registration fee entitles the participant to 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 February 13, 2009.***

REFUND POLICY

A handling fee of $50 will be deducted from cancellation refunds. Refund requests must be received by mail or fax prior to February 13, 2009. **No refunds will be made thereafter.**

CANCELLATION POLICY

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

❑ Dietary Restrictions *(Please specify)*

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PROGRAM ACCESSIBILITY

We accommodate people with disabilities. Please call 214-648-3138 for more information, or mark the space indicated on the registration form. To ensure accommodation, please register as soon as possible.

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

UT Southwestern is an equal opportunity institution.