

THE THIRD NATIONAL EMERGENCY MANAGEMENT SUMMIT

REGISTRATION FORM

HOW TO REGISTER: Fully complete the following (one form per registrant, photocopies acceptable). Payment must accompany each registration (U.S. funds, payable to Health Care Conference Administrators, LLC).

ONLINE: Secure online registration at www.EmergencyManagementSummit.com.

FAX: 760-418-8084 (include credit card information with registration)

MAIL: Conference Office, 3291 West Wilson Road, Pahrump, NV 89048
FOR REGISTRATION QUESTIONS:

PHONE: 800-684-4549 (Continental US, Alaska and Hawaii only)
Monday-Friday, 9 AM - 5 PM PST

E-MAIL: registration@hcconferences.com
(Registration is not available by phone or e-mail.)

COMPLETE THE FOLLOWING. PLEASE PRINT:

NAME _____
SIGNATURE OF REGISTRANT - REQUIRED _____
JOB TITLE _____
ORGANIZATION _____
DEPARTMENT _____
ADDRESS _____
CITY/STATE/ZIP _____
TELEPHONE _____
FAX - Please include fax number if you wish to receive a confirmation letter. _____
E-MAIL _____
 Special Needs (Dietary or Physical)

DISCOUNT CODE _____

PRECONFERENCE REGISTRATION:

Preconference Only, Wednesday, March 4, 2009: \$ 495

CONFERENCE ONLY:

(March 4 - 6, 2009; does not include Pre-conference):

Through Friday, December 19, 2008 \$ 995*
 Through Friday, January 30, 2009 \$1,195**
 After Friday, January 30, 2009 \$1,395

SPECIAL GROUP DISCOUNTS FOR INSTITUTIONS:

(Does not include Preconference)

\$995 each for 3 or more registrations submitted simultaneously from same institution

POSTCONFERENCE REGISTRATION:

Postconference Only, Saturday, March 7 - IAEM CEM Training: \$ 495

To Also Sit for the Exam:

IAEM member rate/enrollment and application fee: \$ 325
 IAEM non-member rate/enrollment and application fee: \$ 450

GOVERNMENT RATE (CONFERENCE ONLY)***

Through Friday, December 19, 2008 \$ 695*
 Through Friday, January 30, 2009 \$ 795**
 After Friday, January 30, 2009 \$ 895

SUMMIT ELECTRONIC MEDIA****

When purchased with full Summit Registration:

Data DVD: \$145 Flash Drive: \$145 iPod Nano: \$295

* This price reflects a discount for registration & payment received through Friday, Dec. 19, 2008.

** This price reflects a discount for registration & payment received through Friday, Jan. 30, 2009.

*** Government Rate applies only to full time employees of local, state or federal government.

**** For all shipments outside the U.S., a charge of \$35 (\$75 for iPod) will be added to your order for international shipping/handling. For all shipments inside the U.S. a \$15 shipping charge will be added.

TOTAL: _____

SELECT YOUR CONCURRENTS & MINI-SUMMITS

Thursday, March 5, 2009

8:00 am 1.01 1.02 1.03 1.04 1.05 1.06
9:15 am 2.01 2.02 2.03 2.04 2.05 2.06
11:00 am 3.01 3.02 3.03 3.04 3.05 3.06
1:30 pm 4.01 4.02 4.03 4.04 4.05 4.06

Mini-Summits

2:45 pm - 5:15 pm

MINI-SUMMIT I: Preparing for and Responding to Pandemics
 MINI-SUMMIT II: Managing Hospital Surge: Reports from Ground Zero
 MINI-SUMMIT III: The Flip Side of Surge: Evacuations — Getting Everybody Out

METHOD OF PAYMENT FOR TUITION

Make payment by check (to Health Care Conference Administrators LLC), MasterCard, Visa or American Express. A \$20 fee will be charged on any returned checks.

Groups: Have registration and credit card information for each person. List all group members on FAX cover sheet.

We cannot guarantee your attendance or issuance of a letter confirming attendance unless payment is received with your registration.

For Registration Questions: Phone: 800-684-4549 Monday-Friday, 9 AM - 5 PM Pacific Time (Continental US, Alaska and Hawaii only).

Email: registration@EmergencyManagementSummit.com
(registration not available by phone or email)

Terms and Conditions: Program subject to change. Executed registration form, online registration and email or fax confirmation constitute binding agreement between the parties.

Tax Deductibility: Expenses of training, including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession, may be tax deductible. Consult your tax advisor.

Federal Tax ID: 91-1892021

Cancellations/Substitutions: No refunds will be given for "no-shows" or for cancellations. You may send a substitute; please call the Conference Office at 1-800-684-4549.

For More Information: Visit our website at www.EmergencyManagementSummit.com

PAYMENT OPTIONS

Please enclose payment with your registration and return it to the Registrar at The Emergency Management Summit, 3291 West Wilson Road, Pahrump, NV 89048, or fax your credit card payment to 760-418-8084. You may also register online at the Emergency Management Summit: www.EmergencyManagementSummit.com.

Check/money order enclosed (checks payable to Health Care Conference Administrators LLC)

Payment by credit card: American Express Visa Mastercard

If a credit card number is being given to hold registration only until such time as a check is received it must be so noted. If payment is not received by seven days prior to the Summit, the credit card payment will be processed. Credit card charges will be listed on your statement as payment to Health Care Conference Administrators LLC.

TOTAL \$ _____

ACCOUNT # _____

EXPIRATION DATE _____

NAME OF CARDHOLDER _____

SIGNATURE OF CARDHOLDER _____

SELECT YOUR PRECONFERENCE

Wednesday, March 4, 2009 8:00 am

PRECONFERENCE I: Emergency Management 101 for Health Professionals
 PRECONFERENCE II: Key Elements and Issues in Conducting and Evaluating Disaster Drills in the Health Care Sector
 PRECONFERENCE III: Legal Issues in Emergency Management