



National Association of State EMS Officials Annual Meeting Pre- Registration Form

October 3-7, 2011 • Hilton Madison Monona Terrace, Madison WI

Program:

Posted at
www.nasemso.org

Registration Fee:

\$410.00 (Entire prog.)
\$150.00 spouse/guest

Partial Rate: \$150 per day

Program

Includes:

Handouts, breaks, (1) continental breakfast, (2) lunches, and receptions.

Accommodations:

Hilton Madison Monona Terrace
9 East Wilson Street
Madison, WI 53703
Reservations: 1-866-403-8838 or 1-414-935-5941
Click [here](#) to register online.

Group Name:

NASEMSO

Group Code:

EMS

Room Rate:

\$141 + tax
single/double occupancy

This rate will be honored until **Sept. 1, 2011**, or until the NASEMSO room block is sold out, whichever occurs first.

Transportation:

The Hilton Madison has complimentary shuttle service to and from Dane County Regional Airport (airport code: MSN.) Guests may request the hotel shuttle upon arrival by using the courtesy phone located in baggage claim. There are also taxi cabs waiting outside baggage claim. (~\$20 one way.)

Who should attend: members of NASEMSO and other state and federal officials with a role in emergency medical services and EMS suppliers. The NASEMSO Annual Meeting purpose is to address current issues and trends in emergency medical services systems.

For more information: 703-538-1799 www.nasemso.org

Select your registration:

- payment mailed separately
 please invoice me
 please use credit card

Amount :

Council Meetings:

Are you planning to attend the forum for:

- state EMS director
 data
 education and prof. standards
 medical direction
 pediatric emergency care
 trauma

Partial Registrants ONLY (please check each day that applies):

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Optional Activities:

- Social Outing-to be announced

PLEASE NOTE:

The Leadership Skills Program is now offered via webcast (and will not be included as part of the 2011 Annual Meeting Program.) For more information, click [here](#).

Name: _____ Nickname: _____

Title: _____

Organization: _____

Address: _____

City/St/Zip: _____

Phone: _____ Fax: _____

Email: _____

Spouse/Guest: _____ Nickname: _____

Payment Method: Check (payable to **NASEMSO** – U.S. funds only)
 Purchase order
 Visa MasterCard AmEx

Name on card: _____

Card number: _____

Security Code (located on the front or back of the credit card)

Exp. Date: _____ Signature: _____

Credit Card Billing Address: _____

Cancellations received 14 days prior to the event will be granted a 50% refund. No refund or credit will be granted for requests received less than 14 calendar days prior to the event. If you do not cancel your registration in writing and do not attend, full fees are due; you may however, send a substitute in your place. Participation in NASEMSO events and all associated activities is at individual's own risk.

Fax, mail, or email this form to:

NASEMSO • 201 Park Washington Ct. • Falls Church, VA 22046

Fax: 703-241-5603 • Phone: 703-538-1799

info@nasemso.org