

San Diego County Ambulance Association Leadership Training Seminar

REGISTRATION FORM

Presented by the San Diego County Ambulance Association

November 4, 2010 0830-1700

The deadline to register is OCTOBER 13, 2010

Agency/Company: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Registration includes admission to the seminar, lunch, and eight (8) hours of Continuing Education issued by San Diego County EMS

TYPE	FEE
San Diego County Ambulance Association Members	
QTY _____ @ \$19.00 = _____ \$0.00 Total	\$19.00

Non-SDCAA Members		
On or Before 09/21 QTY _____ @ _____ \$49.00 = _____ Total	\$49.00/person	
After 09/21 QTY _____ @ _____ \$69.00 = _____ Total	OR	
	\$69.00/person	

TOTAL REGISTRATION FEES \$ _____

Please print or type all attendee names as they should appear on each name badge. Please attach a separate sheet if necessary.

<u>Attendee Name</u>	<u>Title</u>	<u>Contact Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Send completed form to: SDCAA
 5550 Oberlin Drive
 San Diego, CA 92121
 (877) 277-2727
 (858) 300-3181 (fax)
 staycel@pacificambulance.com
CHECK OR MONEY ORDER ONLY - PLEASE MAKE CHECKS PAYABLE TO SDCAA