

2010 Refresher Conference Registration Form

Name: _____

Address: _____

City: _____

State, Zip: _____

Phone (____) _____

E-mail: _____

Payment Information

Total Enclosed \$ _____

Method of Payment: (check one)

Check/Money Order

Payable to Avera McKenna School of EMS

Credit Card

_____ Visa _____ MasterCard

Amount to be charged \$ _____

16 digit account # _____

Expiration date: _____ 3-digit verification code: _____

Card holder name: _____

Authorized signature: _____

Cancellation Policy:

Cancellations received prior to the first class session will receive a full refund minus a \$25 processing fee. Cancellations after the first class session will result in forfeiture of the entire registration fee. All cancellations must be made in person or in writing. Send cancellation notification to:

Avera McKenna School of EMS
800 E 21st Street
Sioux Falls, SD 57117

Or
ems@avera.org

February 11-13, 2010

Please check appropriate box.

3-Day Refresher Pass

- | | |
|---|----------|
| <input type="checkbox"/> EMT-Basic | \$100.00 |
| <input type="checkbox"/> EMT-Intermediate | \$150.00 |
| <input type="checkbox"/> EMT-Paramedic | \$150.00 |

1-Day Only Refresher Pass

- | | |
|---|---------|
| <input type="checkbox"/> EMT-Basic | \$50.00 |
| <input type="checkbox"/> EMT-Intermediate | \$50.00 |
| <input type="checkbox"/> EMT-Paramedic | \$50.00 |

Please indicate which day you will be attending.

- | |
|--------------------------------------|
| <input type="checkbox"/> February 11 |
| <input type="checkbox"/> February 12 |
| <input type="checkbox"/> February 13 |

Registrations will not be accepted without payment.

Mail registration to:

Avera McKenna School of EMS
Attn: Linda Bullis
800 E 21st Street
Sioux Falls, SD 57117

Or Fax to (605) 322-1287

If you have further questions, please contact Ryan Sittig at (605) 322-2089 or ryan.sittig@avera.org