

*This program is subject to cancellation if pre-registration is inadequate. The full tuition will be refunded.*

**Please print or type**

I am a new attendee     I have attended before

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation \_\_\_\_\_

Organization Representing \_\_\_\_\_

Social Security # \_\_\_\_\_ (for credit card validation)

Gender \_\_\_\_\_ Age \_\_\_\_\_ (for room assignment purposes)

**Medical Training:** (if applicable)

RN # \_\_\_\_\_

EMT Level \_\_\_\_\_ Reg# \_\_\_\_\_ State \_\_\_\_\_

**Meals:**     Meat                       Vegetarian

**T-Shirt Purchase:**

**(optional)** Sizes are guaranteed if registration is received before October 15<sup>th</sup>.

Qty: short sleeve    Sm \_\_\_\_\_ Med \_\_\_\_\_ Lg \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ \$10 each + \$3 for XXL

long sleeve    Sm \_\_\_\_\_ Med \_\_\_\_\_ Lg \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ \$15 each + \$3 for XXL

<p><b>Tuition:</b> \$500 before 10/1; \$525 10/1-10/31; \$550 after 10/31 (Tuition includes all lectures, meals, accommodations and course materials)</p> <p><b>T-shirts:</b> Add total for all t-shirts ordered above</p>	<p><b>Enter amount:</b></p> <p>\$ _____</p> <p>\$ _____</p> <p><b>Total:</b> \$ _____</p>
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**Payment:**     Purchase Order payable to Mountain Medicine Education, Inc.

Check payable to Mountain Medicine Education, Inc.

Mastercard     VISA     Discover

**Card Number:**    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      **Exp. Date:**    \_\_\_\_\_ / \_\_\_\_\_

**CIV #** (for credit card validation)    \_\_\_\_\_

**Signature:**    \_\_\_\_\_