

REACH on Tour Registration Form – Friday, May 4, 2012

(Registration: 0730 – Conference: 0800 - 1600)

Sutter Roseville Medical Center, Conference Room A&B, One Medical Plaza Drive, Roseville

Please print clearly. (This information will be used to create your CE certificate.)

Name: _____

Title: _____

License No.: _____

Company: _____

Address: _____

City/State/ZIP: _____

County: _____

Phone: _____

Email: _____

Would you like a vegetarian lunch? Y N

Would you like to be on our email list (please circle one): Y N

How did you hear about our conference? _____

Payment Information

Conference Cost: \$29

We accept checks or credit cards. Please make checks payable to REACH Air Medical Services.

Mail registration form and payment to: REACH on Tour, 451 Aviation Blvd., #101, Santa Rosa, CA 95403

Fax registration form with payment information to: 707 324-2478

I authorize payment to my credit card as follows:*

Credit Card #: _____

Expiration Date: _____ Security Code (on back of card): _____

*Address on credit card should match mailing address above.

CEs provided by REACH

This course provides seven CEs (one CE credit for every hour of education provided).

Nursing CEs: REACH Air Medical Services, LLC, is an approved California Nurse CE provider #9697.

EMS CEs: REACH Air Medical Services, LLC, is an approved California EMS CE provider #49-0008.

Cancellation Policy

Participants who submit a written request for a refund at least seven days prior to conference will receive a refund, less \$10 administrative fees. No refunds will be given after this date.

Questions? Call 888 660-9888 • Email: conferences@REACHair.com