

NAME\*

TITLE\*

AGENCY\*

STREET ADDRESS

## REGISTER BY JUNE 26 AND SAVE UP TO \$305

PLEASE COMPLETE THE FOLLOWING

FOR OUR PLANNING, PLEASE TELL US THE FOLLOWING

YES, I PLAN TO ATTEND THE NEMSMA MEMBER MEETING

☐ YES, I PLAN TO ATTEND THE TUESDAY EVENING RECEPTION

☐ YES, RESERVE MY SPOT FOR THE LUNCH ON WEDNESDAY

 $\square$  YES, I PLAN TO ATTEND THE TUESDAY AFTERNOON EXECUTIVE FORUM\*

YES, I PLAN TO ATTEND THE FIRSTWATCH USER GROUP MEETING ON TUESDAY

☐ DIRECTOR/SENIOR MANAGEMENT

• Save \$120 on registration for the main conference.

1. PRIMARY JOB TITLE

☐ GOVERNMENT LEADER

☐ CEO

☐ PHYSICIAN

☐ FIRE CHIEF

OTHER:\_

• Register for two Pinnacle Power Seminars, get the third free (a \$185 savings).

2. ORGANIZATION TYPE

☐ HOSPITAL OWNED/AFFILIATED

☐ PRIVATE/COMMERCIAL AMBULANCE

☐ PRIVATE/NON-PROFIT AMBULANCE

pinnacle@fitchassoc.com

☐ ACADEMIC/STATE/FEDERAL/INTL.

☐ FIRE DEPARTMENT

☐ GOVERNMENT

OTHER:

## TO REGISTER ONLINE: PINNACLE-EMS.COM/REGISTRATION

PLEASE COMPLETE A COPY OF THIS FORM FOR EACH PERSON WHO WILL BE ATTENDING. PLEASE PRINT LEGIBLY.

			☐ YES, I PLAN TO ATTEND THE WEDNESDAY EVENING NETWORKING RECEPTION ☐ YES, RESERVE MY SPOT FOR THE LUNCH ON THURSDAY	
CITY*			YES, I PLAN TO ATTEND THE FRIDAY BONUS S	SESSIONS
ATE* ZIP		*THIS FORUM IS OPEN TO THE FIRST 25 ORGANIZATIONS THAT REGISTER BOTH A MEDICAL DIRECTOR AND A SENIOR EXECUTIVE FOR PINNACLE.		
COUNTRY PHONE		BILLING INFORMATION		
			REGISTRATION WILL NOT BE ACCEPTED WITHOUT ONE OF THE FOLLOWING:	
Ē-MAIL		☐ CHECK/MONEY ORDER (payable to Pinnacle EMS Conference) ☐ MASTERCARD ☐ VISA ☐ AMERICAN EXPRESS ☐ DISCOVER		
FIRST NAME AS IT SHOULD APPEAR	ON NAME BADGE*			
*This information will appear on your nan	ne badge		CARD #	
REGISTRATION FEES (PLEASE C When you register for two workshops in not transferable. Receive an additional registrations (per registration of three	by June 26, the third is co	mplimentary but is e main conference	EXPIRATION DATE  AUTHORIZED SIGNATURE	
MONDAY MORNING POWER SEMINARS	<b>EARLY</b> (paid by 6/26/17)	REGULAR/ON-SITE (after 6/26/17)	NOTHIONIZED SIGNATORE	
CLINICAL BEST PRACTICES	\$185	\$185	$\square$ CHECK TO USE REGISTRATION INFORMATION ON THE TOP LEFT AS BILLING	
TRAIN YOUR BRAIN	\$185	\$185	INFORMATION; OTHERWISE, PLEASE COMPLETE THE FOLLOWING:	
☐ BUILDING MIH PROGRAM	\$185	\$185		
■ MANAGE INVESTIGATIONS	\$185	\$185	CARDHOLDER NAME	
MONDAY AFTERNOON POWER SEMINARS			OMEDITOLDEN WIME	
ACHIEVE FISCAL SUSTAINABILITY	\$185	\$185		
CONTROVERSIES IN EMS	\$185	\$185	STREET ADDRESS	
☐ PINNACLE INSIGHTS	\$185	\$185		
☐ LARGE SCALE INCIDENTS	\$185	\$185	CITY	STATE 7IP
TUESDAY MORNING POWER SEMINARS			CITT	STATE ZIP
☐ FIRE AND EMS RADICALS	\$185	\$185		
☐ HIGH VALUE EMS	\$185	\$185	COUNTRY	
☐ PERFORMANCE MEASURES	\$185	\$185		
☐ AMBULANCE SERVICE MANAGERS	\$185	\$185		
CONFERENCE			E-MAIL	
□ MAIN CONFERENCE	\$665	\$785		
ONE DAY ONLY WED. THURS.		\$450	PHONE	
☐ GUEST PASS	\$85	\$85		
REGISTRATION TOTAL				
Guest Name(s)			HOW TO SEND MAIL: PINNACLE C/O FITCH & ASSOCIATES	QUESTIONS
Guest passes are for spouses and others not in the industry. Includes admission to			PO BOX 170 PLATTE CITY, MO 64079	CONTACT: SHARON CONROY 816-431-2600 OR

## **CANCELLATION POLICY**

Opening Reception and continental breakfasts during the main conference. If you wish to

purchase a lunch for your guest, please call Sharon Conroy at 816-431-2600.

All cancellations will be subject to a \$100 administrative fee and must be in writing to Fitch & Associates via fax (816-431-2653) or e-mail (pinnacle@fitchassoc.com) by June 30, 2017. Telephone cancellations will not be accepted. No refunds will be processed after this date. Attendee substitutions from the same agency will be accepted if requested via fax or e-mail. Participation at Pinnacle constitutes your consent for Fitch & Associates, the RedFlash Group and their affiliated organizations to use any images, video, recordings or likeness of you for marketing or similar purposes.

FAX: 816-431-2653

E-MAIL: pinnacle@fitchassoc.com