



**REGISTER BY JUNE 11 AND SAVE UP TO \$290**

- Save \$100 on registration for the main conference.
- Register for two Pinnacle Power Seminars, get the third free (a \$190 savings).

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

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

NAME\* \_\_\_\_\_

TITLE\* \_\_\_\_\_

AGENCY\* \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY\* \_\_\_\_\_

STATE\* \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

FIRST NAME AS IT SHOULD APPEAR ON NAME BADGE\* \_\_\_\_\_

*\*This information will appear on your name badge*

**REGISTRATION FEES (PLEASE CHECK AT LEAST ONE)**

*When you register for two workshops by June 11, the third is complimentary but is not transferable. Receive an additional \$25 discount for multiple main conference registrations (per registration of three or more from the same organization).*

|   | <b>EARLY</b><br><i>(paid by 6/11/18)</i> | <b>REGULAR/ON-SITE</b><br><i>(after 6/11/18)</i> |
|---|--|--|
| <b>MONDAY MORNING POWER SEMINARS</b>  |  |  |
| <input type="checkbox"/> EMS DATA   | \$190 _____                              | \$190 _____                                      |
| <input type="checkbox"/> HANDS-ON LEADERSHIP  | \$190 _____                              | \$190 _____                                      |
| <input type="checkbox"/> OPERATIONAL METRICS  | \$190 _____                              | \$190 _____                                      |
| <input type="checkbox"/> RISK REDUCTION   | \$190 _____                              | \$190 _____                                      |
| <b>MONDAY AFTERNOON POWER SEMINARS</b>  |  |  |
| <input type="checkbox"/> REVENUE MANAGEMENT   | \$190 _____                              | \$190 _____                                      |
| <input type="checkbox"/> CLINICAL BEST PRACTICES  | \$190 _____                              | \$190 _____                                      |
| <input type="checkbox"/> THE "QUADRUPLE AIM"  | \$190 _____                              | \$190 _____                                      |
| <input type="checkbox"/> ATTRACT, TRAIN & RETAIN  | \$190 _____                              | \$190 _____                                      |
| <b>TUESDAY MORNING POWER SEMINARS</b>   |  |  |
| <input type="checkbox"/> PINNACLE INSIGHTS  | \$190 _____                              | \$190 _____                                      |
| <input type="checkbox"/> DISRUPTIVE INNOVATION  | \$190 _____                              | \$190 _____                                      |
| <input type="checkbox"/> PUBLIC & PRIVATE PARTNERSHIPS  | \$190 _____                              | \$190 _____                                      |
| <input type="checkbox"/> ACTIONABLE HR STRATEGIES   | \$190 _____                              | \$190 _____                                      |
| <b>CONFERENCE</b>   |  |  |
| <input type="checkbox"/> MAIN CONFERENCE  | \$685 _____                              | \$785 _____                                      |
| <input type="checkbox"/> ONE DAY ONLY <input type="checkbox"/> WED. <input type="checkbox"/> THURS. | \$375 _____                              | \$450 _____                                      |
| <input type="checkbox"/> GUEST PASS   | \$85 _____                               | \$85 _____                                       |
| <b>REGISTRATION TOTAL</b>   | _____                                    | _____  |

Guest Name(s) \_\_\_\_\_

*Guest passes are for spouses and others not in the industry. Includes admission to 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.*

**PLEASE COMPLETE THE FOLLOWING**

**1. PRIMARY JOB TITLE**

- CEO
- DIRECTOR/SENIOR MANAGEMENT
- PHYSICIAN
- GOVERNMENT LEADER
- FIRE CHIEF
- OTHER: \_\_\_\_\_

**2. ORGANIZATION TYPE**

- FIRE DEPARTMENT
- HOSPITAL OWNED/AFFILIATED
- PRIVATE/COMMERCIAL AMBULANCE
- PRIVATE/NON-PROFIT AMBULANCE
- GOVERNMENT
- ACADEMIC/STATE/FEDERAL/INTL.
- OTHER: \_\_\_\_\_

**FOR OUR PLANNING, PLEASE TELL US THE FOLLOWING**

- YES, I PLAN TO ATTEND THE FIRSTWATCH USER GROUP MEETING ON TUESDAY
- YES, I PLAN TO ATTEND THE TUESDAY AFTERNOON EXECUTIVE FORUM
- YES, I PLAN TO ATTEND THE NEMSMA MEMBER MEETING
- YES, I PLAN TO ATTEND THE TUESDAY EVENING OPENING RECEPTION
- YES, RESERVE MY SPOT FOR THE LUNCH ON WEDNESDAY
- YES, I PLAN TO ATTEND THE WEDNESDAY EVENING NETWORKING RECEPTION
- YES, RESERVE MY SPOT FOR THE LUNCH ON THURSDAY
- YES, I PLAN TO ATTEND THE FRIDAY BONUS SESSIONS

**BILLING INFORMATION**

REGISTRATION WILL NOT BE ACCEPTED WITHOUT ONE OF THE FOLLOWING:

- CHECK/MONEY ORDER (payable to Pinnacle EMS Conference)
- MASTERCARD  VISA  AMERICAN EXPRESS  DISCOVER

CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

- CHECK TO USE REGISTRATION INFORMATION ON THE TOP LEFT AS BILLING INFORMATION; OTHERWISE, PLEASE COMPLETE THE FOLLOWING:

CARDHOLDER NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_

**HOW TO SEND**

**MAIL:** PINNACLE C/O FITCH & ASSOCIATES  
PO BOX 170  
PLATTE CITY, MO 64079  
**FAX:** 816-431-2653  
**E-MAIL:** pinnacle@fitchassoc.com

**QUESTIONS**  
**CONTACT:** SHARON CONROY  
816-431-2600 OR  
pinnacle@fitchassoc.com

**CANCELLATION POLICY**

*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 29, 2018. 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.*