



REGISTER BY JUNE 10 AND SAVE UP TO \$295

- Save \$100 on registration for the main conference.
- Register for two Pinnacle Power Seminars, get the third free (a \$195 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 10, the third is complimentary but is not transferable.

| | EARLY <i>(paid by 6/10/19)</i> | REGULAR/ON-SITE <i>(after 6/10/19)</i> |
|---|-----------------------------------|---|
| MONDAY MORNING POWER SEMINARS | | |
| <input type="checkbox"/> CLINICAL BEST PRACTICES | \$195 _____ | \$195 _____ |
| <input type="checkbox"/> LEARNING FROM OUR MISTAKES | \$195 _____ | \$195 _____ |
| <input type="checkbox"/> FIRE-BASED EMS | \$195 _____ | \$195 _____ |
| <input type="checkbox"/> LESSONS OF MIH/CP | \$195 _____ | \$195 _____ |
| MONDAY AFTERNOON POWER SEMINARS | | |
| <input type="checkbox"/> EFFECTIVE STRATEGIES | \$195 _____ | \$195 _____ |
| <input type="checkbox"/> FOUR CORNERSTONES | \$195 _____ | \$195 _____ |
| <input type="checkbox"/> CAREGIVER LIFECYCLE | \$195 _____ | \$195 _____ |
| <input type="checkbox"/> DEPRESSION, PTSD & SUICIDE | \$195 _____ | \$195 _____ |
| TUESDAY MORNING POWER SEMINARS | | |
| <input type="checkbox"/> PINNACLE INSIGHTS | \$195 _____ | \$195 _____ |
| <input type="checkbox"/> NOT YOUR FATHER'S SSM | \$195 _____ | \$195 _____ |
| <input type="checkbox"/> EMS SYSTEM DESIGN | \$195 _____ | \$195 _____ |
| <input type="checkbox"/> BEST PRACTICES FOR LEADERS | \$195 _____ | \$195 _____ |
| CONFERENCE | | |
| <input type="checkbox"/> MAIN CONFERENCE | \$690 _____ | \$790 _____ |
| <input type="checkbox"/> ONE DAY ONLY <input type="checkbox"/> WED. <input type="checkbox"/> THURS. | \$380 _____ | \$455 _____ |
| <input type="checkbox"/> GUEST PASS | \$125 _____ | \$125 _____ |
| REGISTRATION TOTAL | \$ _____ | \$ _____ |

Guest Name(s) _____
 Guest passes are for spouses and others not in the industry. Includes admission to Opening Reception, Continental Breakfasts and Lunch during the main conference.

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 MONDAY EVENING SESSION
 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 TUESDAY AFTERNOON NEMSMA MEMBER MEETING
 YES, I PLAN TO ATTEND THE TUESDAY EVENING OPENING RECEPTION
 YES, I PLAN TO ATTEND A WEDNESDAY MORNING BREAKFAST SESSION
 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 A THURSDAY MORNING BREAKFAST SESSION
 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 28, 2019. 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.