Registration Form

Paramedicine 2001

Delegate Information

LAST NAME:	FIRST NAME:	
ORGANIZATION:	TITLE:	
ADDRESS:		
CITY / TOWN:	PROV / STATE:	POSTAL CODE:
HOME PHONE:	WORK PHONE:	FAX:
E-MAIL:		OPA MEMBER #:

Registration Fee Schedule

CONFERENCE REGISTRATION
(Must register on or before August 31, 2001)

OPA Member	$75.00 _____
Non-Member	$100.00 _____

PRE-CONFERENCE COURSES

Pre-hospital 12-Lead ECG	$50.00 _____
Paramedics vs. PowerPoint	$50.00 _____

AWARDS BANQUET & FUNDRAISER

All Delegates	$30.00 _____

OPA MEMBERSHIPS

Full Membership	$60.00 _____
Associate Membership	$30.00 _____

PARAMEDICINE 2001

Conference Special Package *(Includes conference fees, Banquet, OPA full membership & Pre-conference course)*	$200.00 _____

TOTAL ENCLOSED: _____

Payment Method (Choose one)

◯ Cheque or Money Order payable to:
Ontario Paramedic Association

◯ Purchase Order #: _____

◯ VISA or Mastercard
Name of Cardholder: _____ *Expires:* ___/___
Account #:

Authorizing Signature: _____
(Required for all credit card & P.O's)

Sessions

Please indicate which events & sessions you are planning to attend so that we may anticipate group sizes & room requirements. Please note, all delegates are free to choose to attend any session during the conference.

FRIDAY, SEPTEMBER 7

____ Welcome & Keynote Address

____ Casino Shuttle Bus (hourly from 8pm to midnight)

SATURDAY, SEPTEMBER 8

Concurrent Session
1000-1100 _____

____ OPA Annual General Meeting

Concurrent Sessions
1230-1330 _____

1400-1500 _____

1530-1630 _____

SUNDAY, SEPTEMBER 9

____ Ultra-Violence: Columbine High School

Concurrent Session
1100-1200 _____

Mail to:

Paramedicine 2001
c/o Rick Trombley
1 Paramedic Lane
Manitouwadge, Ontario
P0T 2C0

Fax to:

Paramedicine 2001
(807) 826-3352

For More Info:

(888) OPA-LINE
(Ontario only)

(807) 826-9919
(out of province)

E-Mail:

opa_news@paramedic.on.ca