

Air Medical Experts LLC  
- presents -  
Difficult Airway Cadaver Lab

February 16, 2015  
0730-1630

## REGISTRATION FORM

Please complete entire form so appropriate CE hours can be awarded and certificate issued. Leaving portions blank will prolong the processing of your CE hours for both state and CECBEMS hours. Thank you in advance for completing this form in its entirety. If you have any questions please contact us at 202-695-0140. Email the completed form to [Christina@airmedicalexperts.com](mailto:Christina@airmedicalexperts.com) or fax to 866-409-7712.

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Certification Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: (MM/DD/YR) \_\_\_\_\_

National Registry Certification Number (if applicable): \_\_\_\_\_

National Registry Certification Expiration: (MM/DD/YR) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

I am submitting this form as registration for the Difficult Airway Cadaver Lab to Air Medical Experts LLC. The cost of this course is \$325 + (3% processing fee only if credit card is used) if submitted to Air Medical Experts LLC prior to 2/14/15. All fees must be paid in full by 2/14/15. Payment options include submitting credit card information below, payment online at [www.airmedicalexperts.com](http://www.airmedicalexperts.com), mailing money order or cashiers check, or calling to pay over the phone at 202-695-0140. Unfortunately, due to lab registration restrictions payment on site will not be accepted. By signing below I acknowledge I am registering for the Difficult Airway Cadaver Lab, held in Hanover Maryland, and give permission for Air Medical Experts LLC to deduct the course amount from the supplied credit/debit card submitted as a one time transaction (if applicable). I also acknowledge that there may be photographs taken in this course for education, training and PR purposes, that I may be included in, and I release those to Air Medical Experts LLC without restriction. Continuing Education hours will be submitted to me, from Air Medical Experts LLC, in the amount of 7.5 hours, from both CECBEMS and the state of Virginia, as well as a course completion certificate, if all above information is supplied at the time of registration. Cancellations, made in writing, 30 days prior to the course receive full refund minus \$50 administrative fee. Cancellations, made in writing, 15-30 days prior to the course will be rescheduled for a different lab date or receive a 50% refund. Refunds will not be given for cancellations made in writing with less than 15 days notice.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Total Due \$ \_\_\_\_\_ (\$325 + 3% processing = \$334.75 if paid prior to 2/14/15)

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card  VISA  Mastercard Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

CVN: \_\_\_\_\_ Address: \_\_\_\_\_