



CAAS Seminar Registration Form

Print out and return this form to register for the upcoming CAAS Accreditation Seminar.

CAAS ACCREDITATION SEMINAR:

Sunday, November 6, 2016, Caesars Palace, Las Vegas, NV (8:00 am to 5:00 pm)

AGENCY INFORMATION:

Company: _____

Address: _____

City: _____ State/Province: _____ Zip/Code: _____ Country: _____

Phone: _____ Fax: _____

Company website: _____

Agency Provider Type:

County Fire Department Hospital Municipal Police Commercial

Third Service Public Utility Model Private Non Profit

Other (explain) _____

Total # of medical transports per year: _____

When are you seeking accreditation: 2016 2017 2018 Re-accrediting

SEMINAR ATTENDEES:

1. Name: _____ Position/Title: _____

Email: _____ Cell/Mobile: _____

2. Name: _____ Position/Title: _____

Email: _____ Cell/Mobile: _____

3. Name: _____ Position/Title: _____

Email: _____ Cell/Mobile: _____

4. Name: _____ Position/Title: _____

Email: _____ Cell/Mobile: _____

Email required for seminar registration confirmation, distribution of materials and last minute notices.



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REGISTRATION FEES:

___ Single Registration: 1 x \$425.00 (USD) = \$425.00

___ Multiple Registration Discount ___ (#attendees) x \$375.00 (USD) = _____ Total Due

** To qualify for the discounted rate, registrations must be submitted together and paid at the same time.*

METHOD OF PAYMENT:

___ Check (Payable to CAAS) Check # _____

___ American Express

___ Visa

___ MasterCard

Name on Card: _____

Card Number: _____ Expiration Date (MM/Year): _____

Security Code: _____

Signature: _____

Cancellation Policy: If it is necessary to cancel registration, (1) an alternative attendee may be named by the agency with no penalty or (2) the registration fee will be credited to a future CAAS Accreditation Seminar. CAAS must be notified of your change **prior** to the seminar date. **There are no refunds or credits for no shows.**

Return completed registration form to:

CAAS, Attn: Marcie McGlynn

1926 Waukegan Road, Suite 300

Glenview, IL 60025-1770

or fax credit card registrations only to (847) 657-6825.

If you have any questions, please call (847) 657-6828 or email: marciem@tcag.com.

[] Check here if you require special accommodations in order to attend this meeting and a CAAS staff member will contact you.