



MELISSA MEMORIAL
HOSPITAL

Send completed registration form and payment to:
Melissa Memorial Hospital
NECO Emergency Trauma Conference
1001 East Johnson St
Holyoke, CO 80734

REGISTRATION FORM

Name _____ Title MD DO NP PA EMTP EMTI EMT Other _____

Address _____ City _____ State _____ Zip Code _____

Phone () _____ - _____ Email _____

Organization Name (If Applicable) _____

Billing Address: Street _____ City _____ State _____ Zip _____

Conference Fees: (Check appropriate)

Early Bird Full Conference - Saturday, February 23- Sunday, February 24 \$125
(Early Bird Deadline January 1, 2019)

Full conference Saturday, - February 23- Sunday, February 24 \$150
(after January 1, 2019)

Single day Registration (Check one) Saturday, February 23 \$75

Sunday, February 24 \$75

Preconference Registration - Friday, February 22 \$50

Networking Dinner @ Blistie's RSVP Saturday, February 23 \$25

Skid Control Class Registration: (Select day and time, limited to 4 participants each) \$75

(These classes are first come, first serve. Upon completion of registration form send an email with your first and second time preference to NECOETC@gmail.com and you will be notified what time preference you are registered for, or if you need to select another time. Stay posted to the website for availability of classes.)

Friday 2/22 0800-1200

Friday 2/22 1200-1700

Saturday 2/23 0800-1200

Saturday 2/23 1200-1700

Sunday 2/24 0800-1200

TOTAL ENCLOSED \$ _____

