



MELISSA MEMORIAL HOSPITAL

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

MMH EMPLOYEE REGISTRATION FORM

Payroll Deduct Form

Name Title
Address City State Zip Code
Phone ( ) - Email
Organization Name (If Applicable)
Billing Address: Street City State Zip

Conference Fees: (Check appropriate)

- [ ] Full conference Saturday, - April 17- Sunday, April 18 \$125
[ ] Single day Registration (Check one) [ ] Saturday, April 17 \$75
[ ] Sunday, April 18 \$75
[ ] Preconference Registration - Friday, April 16 \$75
Networking Dinner @ Blistie's RSVP [ ] Saturday, April 17 \$30

Skid Control Class Registration: (Select day and time, limited to 4 participants each) \$100

(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 4/16 0800-1200 [ ] Friday 4/16 1200-1700
[ ] Saturday 4/17 0800-1200 [ ] Saturday 4/17 1200-1700 [ ] Sunday 4/18 0800-1200

Conference T-shirt: ( ) \$20 Each Check size ( ) XS ( ) Small ( ) Medium ( ) Large ( ) XL ( ) 2 XL ( ) 3XL

Total: \$

I agree to have deducted a total of dollars each pay period for a total of pay periods.

To begin on (Date)

Signature Date

IMPORTANT YOU MUST ALSO COMPLETE ONLINE EZREGISTRATION FORM

Return completed form to Julie Vernon, MMH Accts payable department

