

Registration

Name/title \_\_\_\_\_

Organization \_\_\_\_\_

Con-ed requested \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Payment \_\_\_\_\_ Check # \_\_\_\_\_

Shirt size (circle one)

S      M      L      XL      2XL      3XL

\*\* FREE TRAUMA SYSTEM **AND**

5.5 HRS CONTINUING EDUCATION

T-SHIRT

\*\* Continental Breakfast, Drinks,  
and Catered Lunch.....

\*\* **Only 25\$** (free for FCMC employees)



Call Delrae Hagstrom  
(717)485-6109 to register or register online at  
[www.fcmcpa.org/emergency-services](http://www.fcmcpa.org/emergency-services)