

# Order and Disorder Registration Form

**The Basics**  
**Las Vegas (November 6-7, 2009)**

**Beyond The Basics**  
**Dallas (February 12-13, 2010)**

Please fax this form to 217-787-6020 or mail with full payment to: Critical Care ED  
6701 Bunker Hill Rd. New Berlin, Illinois 62670. Faxed registration must be followed  
in 10 days with check payment or the registration will be cancelled.

## FORM:

NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

LICENSE#: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

INSTITUTION ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

YEARS OF EP EXPERIENCE: \_\_\_\_\_

HOURS OF PRIOR EP INSTRUCTION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: [w] \_\_\_\_\_ [h] \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PROGRAMS:** Please check the programs you wish to attend.

### The Basics

- Las Vegas (November 6-7, 2009).....\$ 300.00  
(\$ 315.00 if 14 days or less before the course)

### Beyond the Basics

- Dallas (February 12-13, 2010).....\$ 360.00  
(\$ 375.00 if 14 days or less before the course)

**PAYMENT:** Check  Credit Card

Amount: \_\_\_\_\_ Mastercard  VISA  American Express

Expiration Date: \_\_\_\_\_ Card Number: \_\_\_\_\_