



AUGUST 6-8, 2007 REGISTER BY JUNE 22 TO **SAVE UP TO \$110***

PLEASE COMPLETE A COPY OF THIS FORM FOR EACH PERSON WHO WILL BE ATTENDING. PLEASE PRINT LEGIBLY.

NAME* _____
 TITLE* _____
 AGENCY* _____
 STREET _____
 CITY* _____
 STATE* _____ ZIP _____
 COUNTRY _____
 E-MAIL _____
 PHONE _____ FAX _____

*This information will appear on your name badge

PLEASE COMPLETE THE FOLLOWING *(required)*

- | | |
|---|--|
| 1. PRIMARY JOB TITLE | 2. ORGANIZATION TYPE |
| <input type="checkbox"/> CHIEF/DIRECTOR/CEO | <input type="checkbox"/> PRIVATE AMBULANCE SERVICE |
| <input type="checkbox"/> CFO/FINANCE DIRECTOR | <input type="checkbox"/> FIRE DEPARTMENT |
| <input type="checkbox"/> MEDICAL DIRECTOR | <input type="checkbox"/> CITY/COUNTY/REGIONAL AGENCY |
| <input type="checkbox"/> MANAGER/SUPERVISOR | <input type="checkbox"/> HOSPITAL/THIRD SERVICE |
| <input type="checkbox"/> EDUCATOR/RESEARCHER | <input type="checkbox"/> COMMERCIAL/VENDOR |
| <input type="checkbox"/> SPECIALIST | <input type="checkbox"/> ACADEMIC INSTITUTION/UNIVERSITY |
| <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> VOLUNTEER |
| | <input type="checkbox"/> OTHER: _____ |

REGISTRATION FEES *(please check one)*

*Save \$110 when you register for the full conference and a Power Seminar by June 22

	EARLY (postmarked by 6-22-07)	REGULAR/ON-SITE (after 6-22-07)
<input type="checkbox"/> FULL CONFERENCE	\$495	\$555
<input type="checkbox"/> ONE DAY ONLY <input type="checkbox"/> TUES. <input type="checkbox"/> WED.	\$195	\$245
<input type="checkbox"/> GUEST PASS	\$50	\$50

*For spouses and others not in the industry.
Includes admission to Opening Reception and continental breakfasts.*

POWER SEMINARS

<input type="checkbox"/> DEPLOYMENT 2007	\$195	\$245
<input type="checkbox"/> WORKFORCE ENGAGEMENT	\$195	\$245

FOR OUR PLANNING, PLEASE TELL US THE FOLLOWING

- YES, I PLAN TO ATTEND THE MONDAY EVENING RECEPTION
- YES, PLEASE RESERVE MY SPOT FOR THE LUNCH ON TUESDAY, AUG. 7.
- YES, PLEASE RESERVE MY SPOT FOR THE LUNCH ON WEDNESDAY, AUG. 8.
- YES, I PLAN TO JOIN THE TOUR OF SUNSTAR EMS THE EVENING OF TUESDAY, AUG. 7

BILLING INFORMATION

REGISTRATION WILL NOT BE ACCEPTED WITHOUT ONE OF THE FOLLOWING:

- CHECK/MONEY ORDER *(payable to Pinnacle Conference)*
- GOVERNMENT PURCHASE ORDER
- MASTERCARD
- VISA

CARD # _____

EXPIRATION DATE _____

AUTHORIZED SIGNATURE _____

- CHECK TO USE INFORMATION TO THE LEFT AS BILLING INFORMATION; OTHERWISE, PLEASE COMPLETE THE FOLLOWING:

CARDHOLDER NAME _____

STREET ADDRESS _____

CITY _____

STATE _____ ZIP _____ COUNTRY _____

E-MAIL _____

PHONE _____

HOW TO SEND

MAIL: PINNACLE 2007 C/O FITCH & ASSOCIATES,
303 MARSHALL ROAD, BOX 170
PLATTE CITY, MO 64079

FAX: 816-431-2653

QUESTIONS: CONTACT SHARON CONROY AT 816-431-2600 OR
SCONROY@EMPRIZE.NET

WHAT'S INCLUDED IN YOUR PINNACLE 2007 REGISTRATION

- CD-ROM with all presentations
- Continental Breakfast Tuesday and Wednesday
- Lunch Tuesday and Wednesday
- Opening Reception Monday evening
- Power Seminar registration also includes continental breakfast and lunch on Monday