

OKAMA Fall 2012 Participant Registration

Please mail the conference registration to:

Oklahoma Ambulance Association
2504 W. Owen K. Garriott #302
Enid, OK 73703

FAX to:

or 1-866-464-7799

Payments made after October 15, 2012 please make at the registration desk the morning of the conference.

Please Print

Organization _____

Address _____

1. Attendee Name and Title _____

2. Attendee Name and Title _____

3. Attendee Name and Title _____

4. Attendee Name and Title _____

Registration Fees:

First OKAMA Member/agency is free*

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Additional persons, \$25 each

Non-Member \$100 1st person

Non-member additional persons, \$50 ea

TOTAL DUE

(Members who pay \$2,500 in dues—all participants are free)

Vendor OKAMA Fall 2012 Registration

Please fill out this form and **fax** to 1-866-464-7799

Mail your check to:

OKAMA
2504 W Owen Garriott #302
Enid, OK 73703

Company _____

Contact _____

Representative attending _____

Phone: _____ Mobile: _____

Email address: _____

Special Information: _____

We would like to sponsor:

- () Lunch \$500
- () Morning break \$250
- () Afternoon break \$250

Please contact Ann Athey for further information aathey0070@aol.com or mobile 940-367-3281.