

OKAMA *Fall 2014 Participant Registration*

Please mail the conference registration to:

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

or

FAX to:
866-464-7799

Payments made after March 21st—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 or > in dues— all participants are free)

OKAMA Fall 2014 Vendor Registration
October 7, 2014

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 Steve Athey for further information slathey@aol.com or 940-367-3280