



**2019 Registration Form
St. Luke's Wilderness Medicine Conference**

NAME: _____

HOME ADDRESS:

Street: _____

City/State _____

Zipcode _____

PLACE OF EMPLOYMENT: _____

MEDICAL PROFESSION: _____

EMAIL ADDRESS: _____

FAWM CANDIDATE: (Y/N) _____

DATES OF DESIRED ATTENDANCE:

Single Day: Wednesday/Thursday/Friday (please circle one)

OR

Entire Conference: Wednesday thru Friday

DO YOU PLAN ON ATTENDING THE OVERNIGHT SURVIVAL EVENT? (Y/N)

CONFERENCE COST

Attending Physicians: \$400 full course or \$200 single day

Advanced Practitioners/Nurses/EMS/Residents: \$200 full course or \$100 single day

Students: \$150 full course or \$75 single day

Non-health care provider: \$200 full course or \$100 single day

OVERNIGHT SURVIVAL EVENT

Students (limited number of student spots available) for \$100

Residents/Prehospital/Nurses: \$150

Attending Physicians: \$200
