

Arizona Ambulance Association
General Membership Meeting
Wednesday & Thursday, August 16th & 17th, 2017
The Prescott Resort & Casino

2017 AzAA Members Only Registration Form
Please return before August 4th, 2017

Company/Agency Name: _____

Address: _____

City, State & Zipcode: _____

Contact Name _____ Phone _____

Fax: _____ Email: _____

Attendees: 1. NAME _____ 4 NAME: _____

2. NAME _____ 5 NAME: _____

3. NAME _____ 6 NAME: _____

2017 Members: 2 or less postmarked before August 4th, 2017 Fee Waived
3rd or more postmarked before August 4th, 2017 \$125 / person

2017 Members: Postmarked after August 4th, 2017 \$150 / person

AT THE DOOR *Unregistered August 14th, 2017 or thereafter* **\$200 / person**

2 Day event include meeting materials, breakfast, breaks, and lunch.

Number of attendees _____ @ \$ _____ ea. = \$ _____

Contact the Hotel at 1-888-657-7855 before July 15th, 2017
Please ask for group reservation code #G9764
More details at www.azambulance.org/events

Please make check payable to "Arizona Ambulance Association" and mail registration form and check before August 4th, 2017 to:

Conference Registration
Arizona Ambulance Association
P. O. Box 1856
Scottsdale, AZ 85252-1856

Want to join our Association? Please check our website homepage.