Registration Form for Safety Day

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| Name and Credentials: | | |  | |
| Program or Organization: | | | |  |
| Email Address: |  | | | |
| Phone Number: | |  | | |

**Cost: There will be a $20.00 fee per person.**

You may register on-line at our website www.iaacct.org, Complete this form and email to czimmerman@medforceair.com by August, 31st 2018 or register at the door the day of the event

Fee can be paid on line at www.iaacct.org through PayPal, Credit or Debit Card, Pay at the door or mail a check to Carol Zimmerman 434 Carleton Dr. Kewanee, IL 61443 by August, 31st 2018

**CE: Genesis Health System will be awarding CE for all attendees**

There are many hotels in the local area, but there is a group rate at Radisson on John Deere Commons 1415 River Drive, Moline, Il 61265 Phone: 309-764-1000. Please mention “IAACCT” when making your reservation.

**Questions:** Call, text or email:

Carol Zimmerman at 309-854-3700 or [czimmerman@medforceair.com](mailto:czimmerman@medforceair.com)

Shannon Wehrle at 319-850-1749 or [swehrle@medforceair.com](mailto:swehrle@medforceair.com)