

SOMA 2017 SCIENTIFIC ASSEMBLY ONSITE REGISTRATION



Registrant Contact Information (Name only will appear on badges.)

Full Name: _____ Credentials **REQUIRED**: _____
Non-military; i.e. ATP MD, DO, PA, NP, LVN, RN, PhD, PharmaD, EMT)

Organization: _____

Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

LIABILITY WAIVER AND EMERGENCY CONTACT: Please read and sign. I agree and acknowledge that I am undertaking participation in SOMSA events and activities as my own free and intentional act and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in SOMSA events and I do hereby assume responsibility for my own well-being. I am aware that photographs will be taken during the conference and may be published on the SOMA website or used in promotional materials:

Signature

Date

REQUIRED: In case of emergency at the meeting, please contact: _____

Name

Telephone

Relationship

GENERAL INFORMATION: Special Needs (dietary/allergies/accessibility) Diabetic Kosher Vegetarian Vegan Gluten Free

Other: _____

Check here if you are a first-time SOMSA attendee. Check here if you consent for your mailing address to be provided to our Exhibitors for one time use.

DEMOGRAPHICS MUST BE COMPLETED – SELECT ALL THAT APPLY

MILITARY REGISTRANTS

HOW IS YOUR TRAVEL BEING FUNDED? DoD Funded (traveling TDY/TAD) Individually (leave/personal funds)

CURRENT STATUS – Mark all that apply: Active Duty DOD Civilian Reserve Retired/Former Military National Guard: State _____

ARMY: USASOC MEDCOM FORSCOM TRADOC Army Other _____

AIR FORCE: AFSOC AFMSA AFMOA ACC AMC Air Force Other _____

NAVY: NSPEC WARCON BUMED NETC FLEET FORCES CMD Navy Other _____

MARINES: MARSOC MARFORCOM USMC Other _____

DOD/JOINT: TSOC/JSOC DHA AFMES ASD/HA DARPA DLA JTS TRICARE USUHS WHMO DOD Other _____

INTERNATIONAL MILITARY: Army Navy Air Force SOF Other _____

RANK: Enlisted Officer Civilian (please indicate grade 1-15) _____

ENLISTED SPECIALTY CHOICES: 18D 18Z/D 18 Other _____ 68W-W1 68W-W4 68W 68T 68X 68Z 68 Other _____

38B-W2 38B-W4 38 Other _____ 8403 8427 5392 8401 8402 8404 8406 8409 8425 8432 8493 Other _____

IT2X1 4N0X1 4A1XX 4N0XX 4E0XX Other MOS/NEC/AFSC _____

GOVERNMENT AGENCY REGISTRANTS

GOVERNMENT AGENCY YOU WORK FOR: DHS DHS-TSA DHS-CBP DHS-USCIS DHS-ICE DHS-USSS DHS-FEMA DHS-USCG

DMMPO-DOI DOI-IA DOI-NPS DOJ DOJ-ATF DOJ-DEA DOJ-FBI DOJ-U.S. Marshalls DOS HHS HHS-CDC HHS-FDA

HHS-NIH HHS-PHS NASA DOT NHTSA USAID VA Dept. of Education Dept. of Energy Other Govt. Agency _____

CIVILIAN REGISTRANTS: (select all that apply to your current position)

POSITION/TITLE: EMT Paramedic EMS Training Cord. EMS Supervisor/Manager/Director/Chief Nurse Firefighter EMT Firefighter Paramedic

EMS Operations/dispatch Critical Care paramedic Flight paramedic Medical director Specialty physician describe _____

Research & Development Education



Practical Labs – Sunday, May 21 – Monday, May 22

Please ensure that the labs you select do not overlap. Several of the same lab sessions are being offered more than once during the day. These are designated by a 1 or 2 after the title.

SUNDAY, May 21			
	Time	All Medics	All Other
<input type="checkbox"/> Unconventional Warfare Medicine: only for military special ops medics and prehospital providers as well as mission planners & supervisors of the UW mission set & other OGA's or NGOs that interface with coalition military & host nation assets for this mission!	0900-1700	\$50	\$200
<input type="checkbox"/> Non-Trauma Modules	1300-1700	\$50	\$150
MONDAY, May 22			
<input type="checkbox"/> Difficult Airway-Basic 1	0800-1000	\$50	\$100
<input type="checkbox"/> Wound Care and Suturing-Basic 1	0800-1000	\$50	\$100
<input type="checkbox"/> Teleflex-Prehospital and Emergency Care Procedural Cadaver Lab Basic 2	0800-1200	\$50	\$150
<input type="checkbox"/> Fresh Whole Blood (FWD) Transfusion & Freeze Dried Plasma (FDP) 2	0800-1200	\$50	\$150
<input type="checkbox"/> Active Shooter Rescue Taskforce Trng 1	0800-1200	\$50	\$150
<input type="checkbox"/> The Operator's Extremities: Assessment & Treatment of the Knee and Hip 1	0800-1200	\$50	\$150
<input type="checkbox"/> Osteopathic Manipulative Medicine 1	0800-1200	\$50	\$150
<input type="checkbox"/> Introduction to Tactical Ultrasound for the SOF Medic and Providers 2	0800-1200	\$50	\$150
<input type="checkbox"/> Procedural Sedation in the Field 1	0800-1200	\$50	\$150
<input type="checkbox"/> CONTOMS Medical Directors Course for Tactical Law Enforcement	0800-1200	\$150	\$200
<input type="checkbox"/> SOMA/NAEMSP EMS Medical Director Overview Course for Military Operations	0800-1700	\$150	\$200
<input type="checkbox"/> Prolonged Field Care-Training for Austere Care Beyond the Golden Hour	0800-1700	\$50	\$100
<input type="checkbox"/> K9 Tactical Emergency Casualty Care	0800-1700	\$50	\$200
<input type="checkbox"/> Difficult Airway-Advanced 1	1000-1200	\$50	\$100
<input type="checkbox"/> Wound Care and Suturing-Advanced 1	1000-1200	\$50	\$100
<input type="checkbox"/> Difficult Airway-Basic 2	1300-1500	\$50	\$100
<input type="checkbox"/> Wound Care and Suturing-Basic 2	1300-1500	\$50	\$100
<input type="checkbox"/> SOF Dental Review 1	1300-1600	\$50	\$100
<input type="checkbox"/> Fresh Whole Blood (FWB) Transfusion & Freeze Dried Plasma (FDP) 3	1300-1700	\$50	\$150
<input type="checkbox"/> Active Shooter Rescue Taskforce Trng 2	1300-1700	\$50	\$150
<input type="checkbox"/> The Operator's Extremities: Assessment & Treatment of the Knee and Hip 2	1300-1700	\$50	\$150
<input type="checkbox"/> Osteopathic Manipulative Medicine 2	1300-1700	\$50	\$150
<input type="checkbox"/> Advanced Tactical Ultrasound for the SOF Medic and Providers	1300-1700	\$50	\$150
<input type="checkbox"/> Procedural Sedation in the Field 2	1300-1700	\$50	\$150
<input type="checkbox"/> Difficult Airway-Advanced 2	1500-1700	\$50	\$100
<input type="checkbox"/> Wound Care and Suturing-Advanced 2	1500-1700	\$50	\$100
<input type="checkbox"/> SOF Dental Review 2	1700-2000	\$50	\$100

Registration Type

	Member	Non Member
Full Conference		
<input type="checkbox"/> SOMA Lifetime	\$0	
<input type="checkbox"/> Student/Resident/Fellow/Emeritus	\$150	\$300
<input type="checkbox"/> Military Medic	\$150	\$225
<input type="checkbox"/> Current DoD Employee	\$175	\$225
<input type="checkbox"/> Civilian Medic (non-DoD)	\$200	\$350
<input type="checkbox"/> Professional (non-DoD)	\$325	\$525
<input type="checkbox"/> Physician (non-DoD)	\$375	\$625
<input type="checkbox"/> Industry		\$500
<input type="checkbox"/> Lifetime Physician CME only	\$300	
Single Day Only –		
	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.
	<input type="checkbox"/> Thurs.	
<input type="checkbox"/> SOMA Lifetime	\$0	
<input type="checkbox"/> Student/Resident/Fellow/Emeritus	\$60	\$120
<input type="checkbox"/> Military Medic	\$60	\$120
<input type="checkbox"/> Current DoD Employee	\$70	\$90
<input type="checkbox"/> Civilian Medic (non-DoD)	\$80	\$140
<input type="checkbox"/> Professional/Industry (non-DoD)	\$130	\$210
<input type="checkbox"/> Physician (non-DoD)	\$150	\$250

Opening Reception Guest Ticket # _____ @ \$50 \$ _____
 Guest Name _____

Mess Night Dinner Event – Tickets do not include scholarship fund donation.
 Attendee Ticket # _____ x \$50.00 \$ _____
 Guest(s) ticket(s) # _____ x \$50.00 \$ _____
 Guest Names(s) _____
 To make a donation to the SOMA Scholarship Fund please visit the Scholarship Fund page at www.specialoperationsmedicine.org.

TOTAL FEES and PAYMENT METHOD

Total Labs \$ _____
 Total Conference Registration Fees \$ _____
 Or
 Total Single-Day Fees \$ _____
 Total Optional Activities & Guest Fees \$ _____

TOTAL PAYMENT ENCLOSED \$ _____

All funds **MUST** be submitted on a U.S. bank in U.S. funds. SOMA does accept purchase orders. Simply complete and submit your registration, an invoice will be sent within five to 10 business days. Tax ID 58-2108832.
 CHECK made payable to SOMA – Check # _____
 PURCHASE Order # _____
 CHARGE payment to the following credit card:
 American Express VISA MasterCard Discover

Credit Card Number _____ Expiration Date _____

Print Name on Card _____

Signature _____ Phone Number _____