

**Instructions:**

1. If your system allows, complete all the fillable fields possible.
2. Print the form and complete the demographic information.
3. Fax or mail to SOMA (see reverse).

# SOMA 2018 SCIENTIFIC ASSEMBLY 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, PharmD, 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



Name \_\_\_\_\_

City, State \_\_\_\_\_

**Practical Labs – Sunday, May 13 – Monday, May 14**

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 13	Time	All Medics	All Other
<input type="checkbox"/> Difficult Airway-Basic	1300-1500	\$50	\$100
<input type="checkbox"/> Wound Care and Suturing-Basic	1300-1500	\$50	\$100
<input type="checkbox"/> Introduction to Tactical Ultrasound	1300-1700	\$50	\$150
<input type="checkbox"/> Non-Trauma Modules	1300-1700	\$50	\$150
<input type="checkbox"/> Teleflex's Prehospital and Emergency Care Procedural Cadaver Lab Basic	1300-1600	\$50	\$150
<input type="checkbox"/> Wilderness & Austere Medicine	1300-1800	\$50	\$150
<input type="checkbox"/> Difficult Airway-Advanced	1500-1700	\$50	\$100
<input type="checkbox"/> Wound Care and Suturing-Advanced	1500-1700	\$50	\$100
<input type="checkbox"/> SOF Dentistry Review	1700-2000	\$50	\$150
MONDAY, May 14			
<input type="checkbox"/> Difficult Airway-Basic	0800-1000	\$50	\$100
<input type="checkbox"/> Difficult Airway-Advanced	1000-1200	\$50	\$100
<input type="checkbox"/> Teleflex-Prehospital and Emergency Care Procedural Cadaver Lab Basic	0800-1100	\$50	\$150
<input type="checkbox"/> SOF Dentistry Review	0800-1100	\$50	\$150
<input type="checkbox"/> Team Health: Assessment of Orthopedic Injuries and Operator Fitness Solutions 1	0800-1200	\$50	\$150
<input type="checkbox"/> Osteopathic Manipulative Medicine 1	0800-1200	\$50	\$150
<input type="checkbox"/> Advanced Tactical Ultrasound	0800-1200	\$50	\$150
<input type="checkbox"/> Potential Saves in Women's Health 1	0800-1200	\$50	\$150
<input type="checkbox"/> Maggot Debridement Therapy 1	0800-1200	\$50	\$150
<input type="checkbox"/> CONTOMS Medical Directors Course for Tactical Law Enforcement	0800-1700	\$150	\$200
<input type="checkbox"/> SOMA/NAEMSP EMS Medical Director Overview Course for Military Operations	0800-1700	\$150	\$200
<input type="checkbox"/> K9 Tactical Emergency Casualty Care	0800-1700	\$50	\$200
<input type="checkbox"/> Wound Care and Suturing-Basic	1300-1500	\$50	\$100
<input type="checkbox"/> Wound Care and Suturing-Advanced	1500-1700	\$50	\$100
<input type="checkbox"/> Fresh Whole Blood Transfusion 2	1300-1700	\$50	\$150
<input type="checkbox"/> Team Health: Assessment of Orthopedic Injuries and Operator Fitness Solutions 2	1300-1700	\$50	\$150
<input type="checkbox"/> Osteopathic Manipulative Medicine 2	1300-1700	\$50	\$150
<input type="checkbox"/> Practical Case-based Tactical Ultrasound	1300-1700	\$50	\$150
<input type="checkbox"/> Battlefield Auricular Acupuncture 2	1300-1700	\$50	\$150
<input type="checkbox"/> Potential Saves in Women's Health 2	1300-1700	\$50	\$150
<input type="checkbox"/> Fundamentals of Moulage	1300-1700	\$50	\$150
<input type="checkbox"/> Maggot Debridement Therapy 2	1300-1700	\$50	\$150

**Registration Type**

Full Conference	Member	Non-Member
<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 \$ \_\_\_\_\_  
 Guest(s) ticket(s) # \_\_\_\_\_ x \$50 \$ \_\_\_\_\_  
 Guest Name(s) \_\_\_\_\_

To make a donation to the SOMA Scholarship Fund please visit the Scholarship Fund page at [www.specialoperationsmedicine.org](http://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 ATTACHED \$ \_\_\_\_\_**

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 \_\_\_\_\_

**\*If you are signing up for Mess Night, please note that the attire is either Business Casual or Mess Night dress. Ticket purchases do not include scholarship fund donations, to make a donation to the SOMA Scholarship Fund, please visit the [Scholarship page](#) of the website.**