

Instructions for paying by check:

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

SOMA 2018 SCIENTIFIC ASSEMBLY REGISTRATION

Preregistration Deadline: Friday, April 20



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"/> Fresh Whole Blood Transfusion | 1300-1700 | \$50 | \$150 |
| <input type="checkbox"/> Teleflex's Prehospital and Emergency Care Procedural Cadaver Lab Basic | 1300-1600 | \$50 | \$150 |
| <input type="checkbox"/> Advanced Procedure Cadaver Lab | 1300-1700 | SOLD OUT | |
| <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"/> Fresh Whole Blood Transfusion 1 | 0800-1200 | \$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"/> PFC 101 – The Basics of the Core 10 Capabilities | 0800-1200 | \$50 | \$150 |
| <input type="checkbox"/> Battlefield Auricular Acupuncture 1 | 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"/> Advanced PFC – Updates to Enhance Your PFC Training | 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 |

I would like to serve as lab proctor.

Please indicate preferred lab(s) _____

Some of the above labs have suggestions for attire/dress. Please visit the [2018 SOMSA Schedule page](#) of the website for further information.

Registration Type

| 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.

TOTAL FEES and PAYMENT METHOD

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

All funds **MUST** be submitted on a U.S. bank in U.S. funds. SOMA does accept purchase orders. Should you require an invoice, please complete and submit this form. An invoice will be sent within five to 10 business days. Tax ID 58-2108832.

TO PAY BY CHECK:

1. Complete all this form in its entirety.
2. Attach check made payable to SOMA – Check # _____
3. Mail to: SOMA, P.O. Box 723248, Atlanta, GA 31139

TO PAY BY CREDIT CARD:

1. Please complete [online registration](#).
2. *Members and those who have attended a prior meeting* must sign in;
3. Non-members and those who do not have a previously established ID/relationship with SOMA must "Create Account" to proceed with registration.

[Note: If you cannot remember if you have an established account with SOMA, please utilize the search function before creating a potential duplicate account.]

***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.**

PRE-REGISTRATION DEADLINE, FRIDAY, APRIL 20