Come celebrate with us!

PROJECT LIFESAVER
20th Anniversary Conference

Hilton Orlando Lake Buena Vista Palace
August 26 - August 30, 2019
Project Lifesaver 20th Anniversary Conference

Please complete one form per attendee

Date ______________ Name of Attendee _____________________________

Position/Rank ___________________ Email Address ______________________________

Agency Name ______________________________ Phone ___________________________

Agency Address __________________________ City, State, Zip ______________________

REGISTER EARLY TO AVOID LATE REGISTRATION FEES - EARLY BIRD REGISTRATION ENDS ON JULY 31, 2019!

CONFERENCE REGISTRATION
Please select the registration type that applies to you.

By July 31, 2019 After July 31, 2019
Project Lifesaver Member ☐ $400 per attendee ☐ $450 per attendee
Non-Member ☐ $450 per attendee ☐ $500 per attendee
State Coordinator ☐ $300 per attendee ☐ $450 per attendee

NOTE: A letter of intent with an operational agreement is required for any non-member agencies!

COURSE & ACTIVITY REGISTRATION
Select the training courses and activities you would like to attend. Please take note that some of the courses run simultaneously.

☐ ESS Basic Operator Course $95 per attendee
☐ ESS Instructor Course $150 per attendee
☐ Alzheimer’s Emergency Response No Charge
☐ Autism Emergency Response No Charge
☐ Introduction to Grant Writing No Charge
☐ Introduction to Social Media No Charge
☐ The Dementia Experience (By Appointment) No Charge
☐ Electronic Search Competition No Charge
☐ Project Lifesaver Night at Epcot® No Charge

Total amount of conference & course registration: ______________

BILLING INFORMATION
Billing Contact _____________________________

Email Address ______________________ Phone __________________________

Invoicing Address ___________________________ City, State, Zip ______________________

PAYMENT INFORMATION
Cardholder’s Name ___________________________ Card Type ___________________________

Card Number ___________________________ CVV# _________ Expiration __________

Billing Address ___________________________ City, State, Zip ______________________

PLEASE EMAIL, FAX, OR MAIL COMPLETED FORM WITH PAYMENT TO:
Email: lgagliardo@projectlifesaver.org • Fax: 888-505-7583 • Phone: 772-446-1271
Mail: 201 SW Port St. Lucie Blvd • Suite 202 • Port St. Lucie, Florida 34984