



ADVANCED SEVERE WEATHER 2010 SEMINARS REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

NAME:
STREET ADDRESS:
CITY, STATE, ZIP:
DAYTIME PHONE:
AGENCY:
E-MAIL ADDRESS:

CHECK THE COURSE(S) YOU ARE REGISTERING FOR:

<input type="checkbox"/>	COURSE NAME	Early Paid Registration Post Marked <u>On Or Before</u> February 12, 2010	Paid Registration Post Marked <u>After</u> February 12, 2010, Or At The Door
<input checked="" type="checkbox"/>	SEVERE WEATHER PREPAREDNESS SEMINAR MARCH 5, 2010	\$30.00	\$40.00
<input type="checkbox"/>	ADVANCED SEVERE WEATHER SPOTTER SEMINAR MARCH 6, 2010	\$30.00	\$40.00

TOTAL AMOUNT ENCLOSED	\$
-----------------------	----

<input type="checkbox"/> CHECK THE BOX IF THE ATTENDEE IS A MINOR (17 AND UNDER) NOT BEING ACCOMPANIED BY AN ADULT/LEGAL GUARDIAN. THE MEDICAL RELEASE FORM ON THE REVERSE SIDE MUST BE COMPLETED AND ACCOMPANY THIS REGISTRATION FORM.

ONLINE REGISTRATION & PAYMENT CAN BE MADE AT:
<http://dupagesevereweather.com>

MAKE CHECKS PAYABLE TO:
DuPage County OHSEM

MAIL REGISTRATIONS TO:
Weather Seminar
DuPage County OHSEM
136 N. County Farm Rd.
Wheaton, IL 60187

FOR MORE INFORMATION CONTACT:
DuPage County OHSEM
630-682-7925

Note: New information

OFFICE USE ONLY	
CHECK NUMBER:	REGISTRATION ENTERED:



DU PAGE COUNTY OFFICE OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT

ROBERT J. SCHILLERSTROM
COUNTY BOARD CHAIRMAN

The venue for the 2010 Advanced Severe Weather Seminar requires the DuPage County Office of Homeland Security and Emergency Management obtain a medical release for hospital treatment or treatment by a physician for every minor child (17 and under) unaccompanied by a Parent or Legal Guardian. If your child is attending the seminar unaccompanied by a Parent or Legal Guardian, please complete the form below and return it with the registration form. Unfortunately, unaccompanied minors without a Medical Release will not be allowed attendance at the seminar. Thank you for your cooperation.

MEDICAL RELEASE FOR MINOR CHILD

I, _____, Parent or Legal Guardian of _____, a minor child, hereby authorize any medical or surgical treatment which may be necessary in an emergency, and in my absence, for the well-being of the above-mentioned minor. I agree to hold the DuPage County Office of Homeland Security and Emergency Management, the physician or hospital treating the above-mentioned minor, harmless. This Medical Release is only valid March 5, 2010 and/or March 6, 2010.

Address and contact information:

The above-mentioned minor has the following allergies or medical conditions:

Insurance Information:

Name of Company _____

Policy # _____ Group # _____

Signature _____

Date _____