



May 9, 2011

Dear Colleagues

The Mississippi Society Respiratory Care (MSRC) would like to extend an invitation to you to attend a 2011 MSRC Educational Meeting scheduled on July 28, 2011. This meeting will be held at the Mississippi Agriculture and Forestry Museum in Jackson. The primary theme for this meeting will be "Emergency Management as it applies to healthcare facilities".

Meeting sponsorships provides your organization valuable brand recognition to a diverse audience of medical professionals and personal time for marketing. This will be an opportunity for all Health Care providers in our community to come together, exchange views, share our knowledge, and push forward in the profession of Respiratory Care and other health related professions.

The goal of this meeting to help develop old and new skills in the area of "Emergency Management and Disaster Preparedness" Also the meeting aims to provide networking for health care team members and forge new partnerships.

The purpose of a sponsorship is to provide continuing education units to a large number of the medical community members in an inexpensive fashion. MSRC is designated a not-for-profit with tax ID number of 911973896.

The attendees will consist of a variety of health care providers, mainly practicing respiratory therapist, respiratory therapy students and nursing.

MSRC is asking you to join us in making this activity a success for our respiratory care community as well as other health care providers. If you do not find all of the information needed that is located in the sponsorship guide, please feel free to contact us.

Sincerely,

Kevin Dees, BS, RRT
Mississippi Society Respiratory Care President
351 Edgewood Crossing
Brandon, MS, 39042



Conference Registration Form

Sir Name: Mr. Mrs. Ms.

First Name: _____ Middle Initial _____ Last Name _____

Place of Business: _____

Credentialing: RRT CRT CPFT RPFT NPS SPS RN MD PA
Other

Mailing Address: Street Address: _____ City: _____ Zip: _____

Phone Number: (Day) _____ (Evening) _____

Email: _____

Number of Non Professional Guest: _____ Guest Names: _____

Please check (√) all those that apply	Registration	Amount Remitted
<input type="checkbox"/> Conference AARC Member AARC #: _____	\$ 50.00	\$
<input type="checkbox"/> Conference AARC Non Member	\$ 60.00	\$
<input type="checkbox"/> Student Registration College: _____	\$ 20.00	\$
<input type="checkbox"/> Non Professional Guest	\$ 40.00	\$
TOTAL AMOUNT ENCLOSED		\$

Disability Accommodations required: Yes No Please indicate needs: _____

Payment Options

Company Check # _____ Money Order _____ Cash _____
 Attendees may pay through PayPal at www.msrcweb.com.

Website of Interest:

1. MSRC Web page: www.msrcweb.com; Face book: Mississippi Society for Respiratory Care
2. AARC – www.aarc.com
3. MS Ag Museum 601-713-3365

Returning forms:

1. Kevin Dees B.S.,RRT, President Mississippi Society Respiratory Care, 351 Edgewood Crossing, Brandon, MS, 39042, kevindees@gmail.com 601-941-8157
2. Larry Johnson RRT, President Elect, 8445 Midway Rd. Raymond, MS 39154, larry.johnson@hma.com 601-953-0812

MSRC USE ONLY

Date Confirmed: _____ Deposit Amount \$ _____
 Final Payment Received: _____ Date: _____