## REGISTRATION

**nicc.edu/terc**

**Town Clock Business Center**
ATTN: Phil Arensdorf
680 Main St., Ste. 100
Dubuque, Iowa 52001

arensdorfp@nicc.edu

563.562.3263, ext. 1399

## HOTEL ACCOMMODATIONS

Mention the NICC Room Block to receive the special discounted rate.

**Grand Harbor Hotel**
grandharborresort.com
563.690.4000, ext. 1
Group Rate: $139/night

**Holiday Inn Dubuque**
563.556.2000
Rate: $149/night

Attendees must be book rooms by **Sept. 15, 2026,** to ensure the discount.

## ENTERTAINMENT

Free admission to the Mississippi Moon Bar in the Diamond Jo Casino for those with a conference badge! Additional tickets can be purchased online at **MOONBARROCKS.COM**

## EMS & NURSING PROFESSIONALS CONTINUING EDUCATION

Continuing education hours will be provided the day of the class. Students will be verified to confirm their attendance before/after the class to earn credit. You must be present for the entire morning to get credit's for those sessions. You must be present for the entire afternoon to get credit for those sessions. Credits will not be awarded on a per hour basis.

## CANCELLATION POLICY

If Northeast Iowa Community College cancels the conference, the registrant will receive a full refund. No refund will be given if the participant cancels five business days or less priorto start date. ***Note:*** Some fees are non-refundable.

# TRI-STATE EMERGENCY RESPONDER CONFERENCE
# BULK REGISTRATION FORM

## ATTENDEE INFORMATION

Full Name: _____
*To assist the College in identifying you correctly. Information is strictly confidential.*

Last 4 digits of SS#: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

**I will attend the following:**

| THURSDAY, OCT. 15 | FRIDAY, OCT. 16 | FULL, 2-DAY CONFERENCE |
|---|---|---|
| ☐ #108652 | ☐ #108653 | ☐ #108655 |

## CONFERENCE FEE

☐ **One Day: $99**
☐ **Both Days: $189**

TOTAL ENCLOSED $ _____

## PAYMENT TYPE

☐ Check Enclosed ☐ Invoice Me ☐ Visa® ☐ Mastercard®

Card Number: _____

Exp. Date: _____ Signature: _____

Name of Department: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____