

## THE STAR

A STAR is any employee from your organization who epitomizes the spirit and commitment of our nation's top ambulance service professionals (living or deceased). Paramedics, EMTs, dispatchers, customer service representatives or other operations personnel are potential candidates as STARS.

Please write STAR's name and company information below exactly as you would like it to appear as this information will be used for the STAR's badge, award, and all official publications.

Company Name \_\_\_\_\_

Contact Person's Name \_\_\_\_\_ Title \_\_\_\_\_  
*(if "STAR" will be a surprise)*

Company Address \_\_\_\_\_

City, State, Zip\* \_\_\_\_\_

*\*please note: AAA will be using this zip code to determine the U.S. Representatives each STAR will be visiting during their Congressional visits.*

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## HOST ACCOMPANYING STAR

A Host is the STAR's nominator. It is their supervisor or supervisory level that will be hosting the STAR while in DC.

Host Name \_\_\_\_\_ Position \_\_\_\_\_  
*Please write the Host's name exactly as you would like it to appear as this will be used for the badge and all official publications.*

Additional Host Name \_\_\_\_\_ Position \_\_\_\_\_

Additional Host Name \_\_\_\_\_ Position \_\_\_\_\_

## NAME OF STAR(S)

*(if you are registering more than (3) stars, please use an additional registration form)*

1. \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

2. \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

3. \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

### \*REQUIRED (STARS ONLY)

For the possible visit to the White House, we need the STAR's Social Security Number and Date of Birth. For security reasons, only the Star will be able to go on the White House Tour.

### PHOTO AND BIO

Please note, a photo and bio of each Star **MUST BE SUBMITTED** to AAA Headquarters **NO LATER THAN March 19, 2010**. Please submit a high-resolution photo (300 dpi or greater) and a biography of 250 words or less. Photos and bios will be printed in a "Class of 2010" yearbook and used in other materials—please be timely in your submission.

**SPOUSE -OR- GUEST OF STAR**

Spouses, family members and guests of STARS are more than welcome and are encouraged to attend this celebration. Note, any children under the age of 9 is complimentary, however we still need their first and last names. Everybody must register, please list their names and circle the affiliation below. Guest registration includes: Washington DC Tour, Lunch & Presentation of Medals, Reception, Stars of Life Banquet. Additional banquet ONLY passes are available.

Name (First, Last) \_\_\_\_\_

Circle one for correct title: Spouse Member of Family Guest

Name (First, Last) \_\_\_\_\_

Circle one for correct title: Spouse Member of Family Guest

REGISTRATION FEE (PER PERSON):	QUANTITY	BEFORE 3/03/10	AFTER 3/03/10	TOTAL
Star of Life Registration Fee	_____	\$325	\$450	\$_____
Spouse/Guest Registration Fee	_____	\$200	\$350	\$_____
Host Registration Fee	_____	\$325	\$450	\$_____
Additional DC Tour Tickets	_____	\$35	\$35	\$_____
Banquet ONLY Tickets	_____	\$100	\$100	\$_____
<b>TOTAL AMOUNT PAID</b>				\$_____

**PAYMENT**

I am enclosing a check for \$ \_\_\_\_\_

Credit Card \$ \_\_\_\_\_ to the following credit card:

American Express       MasterCard       VISA

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**3 WAYS TO REGISTER!**

1. Fill out the electronic PDF form and send it to: [meetings@the-aaa.org](mailto:meetings@the-aaa.org)
2. Fax: 703-610-0210; for credit card registrations only
3. Mail: American Ambulance Association  
8400 Westpark Drive, 2<sup>nd</sup> Floor  
McLean, VA 22102



**Questions?**  
Contact Kim Almstedt  
703.245.8045 • [meetings@the-aaa.org](mailto:meetings@the-aaa.org)

