

CONFERENCE REGISTRATION FORM

26th Annual New York State EMS Conference
October 15-18, 2009 • Rochester Riverside Convention Center • Rochester, NY
 Visit us at vitalsignsconference.com



Use a separate form for each person. Photocopy additional registration forms if needed. PLEASE PRINT CLEARLY.

Last Name	<input type="text"/>	First Name	<input type="text"/>
Organization	<input type="text"/>		
Title	<input type="text"/>	Level:	<input type="checkbox"/> CFR <input type="checkbox"/> EMT <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-CC <input type="checkbox"/> EMT-P
Address	<input type="text"/>		
City	<input type="text"/>	State/Province	<input type="text"/>
		Zip/Postal Code	<input type="text"/>
Day Phone (<input type="text"/>)	<input type="text"/>	Ext.	<input type="text"/>
		E-mail	<input type="text"/>

CONFERENCE REGISTRATION

- \$150.00 Registration received before August 31
- \$180.00 Registration received September 1–September 14
- \$225.00 Registration received September 15–October 5
- \$250.00 On-site Registration (**Credit cards not accepted.**)
- \$35.00 Banquet Ticket
- \$10.00 Friday Evening Reception (Guests Only)
- FREE Subscription to *EMS Magazine* (\$29 value)
- Check here if you wish to have your name and address released to exhibitors for informational mailings.

PRECONFERENCE WORKSHOPS

(Please mark your first, second, and third choices. All efforts will be made to accommodate your first choice.)

- | | | | |
|--------------------------|-----------------|----------|--|
| <input type="checkbox"/> | Preconference 1 | \$200.00 | BLS Core Content Refresher (2-day Preconference) |
| <input type="checkbox"/> | Preconference 2 | \$200.00 | ALS Core Content Refresher (2-day Preconference) |
| <input type="checkbox"/> | Preconference 3 | \$200.00 | Pediatric Education for Prehospital Professionals (PEPP) (2-day Preconference) |
| <input type="checkbox"/> | Preconference 4 | \$125.00 | Tradition, Honor, Respect: Responding to a Line of Duty Death |
| <input type="checkbox"/> | Preconference 5 | \$125.00 | Instructor Development |
| <input type="checkbox"/> | Preconference 6 | \$125.00 | Are You Up for the Challenge? Pre-Hospital Management of the Traumatic Brain Injured Patient |
| <input type="checkbox"/> | Preconference 7 | \$125.00 | Roller Coaster Cardiology: 12 Lead Acquisitions and Interpretation |

A check for the total amount or a completed credit card order form must be enclosed with this registration form. PLEASE MAKE CHECKS PAYABLE TO: Health Research Inc., EMS Conference

WE ARE UNABLE TO ACCEPT PURCHASE ORDERS, VOUCHERS OR CASH. NO REGISTRATIONS WILL BE TAKEN OVER THE PHONE.

MAIL COMPLETED REGISTRATION TO:

Vital Signs 2009
NYSDOH Bureau of Emergency Medical Services
433 River Street, Suite 303
Troy, NY 12180-2299

Upon acceptance of your conference registration form, a receipt will be mailed to you. YOU MUST present your receipt when picking up your conference packet at the registration desk. If you are unable to attend the conference and wish a refund, you must provide written notice of cancellation to the NYS Department of Health Bureau of EMS on or before September 18, 2009. A 25% cancellation fee will be charged. No refunds will be granted after September 18, 2009. The NYS Department of Health Bureau of EMS reserves the right to cancel the conference. In the event the conference is cancelled, registration fees will be refunded.

CONFERENCE WORKSHOPS

(Please mark your first, second, and third choices. All efforts will be made to accommodate your first choice.)

Saturday, October 17 Session 1, 10:15 AM–11:45 AM

- Track A Clinical Insight: Making Your Assessment More Accurate
- Track B Pharmacology for the Prehospital Provider
- Track C Teaching with YouTube
- Track D Conducting an Internal Personnel Investigation
- Track E Back to Basics EKGs: Let's Not Forget the Fundamentals
- Track F Officer Down! Officer Down!: Inside a Police Officer Shooting, from an Outsider's Perspective

Saturday, October 17 Session 2, 1:30 PM–3:00 PM

- Track A Incomplete Spinal Cord Injury: Pathophysiology, Assessment and Management
- Track B Capnography: The New Smoke
- Track C Ethics for the Timid
- Track D Easy Money: Ambulance Billing 101
- Track E The Street Smart EMT
- Track F Tactical Emergency Medical Support: Part I

Saturday, October 17 Session 3, 3:30 PM–5:00 PM

- Track A Geriatric Case Studies
- Track B ACLS: As Easy As Falling Off a Log
- Track C The Relentless Pursuit of Excellence... In Adult Education
- Track D The Interview
- Track E Public Safety Officers Benefit Program
- Track F Tactical Emergency Medical Support: Part II

Sunday, October 18 Session 4, 10:15 AM–11:45 AM

- Track A When Your Patient Reaches the Breaking Point
- Track B Decisions, Decisions, Decisions About Airway Management
- Track C Putting Levity in Education
- Track D NYS EMS Operations Update
- Track E Anatomy of an Air Medical Flight
- Track F Update on Pandemic Influenza Planning and Response

Sunday, October 18 Session 5, 1:30 PM–3:00 PM

- Track A You're a Quart Low, Sir
- Track B Special K!
- Track C NYS EMS Education Update
- Track D If I Could Redesign Your EMS System...
- Track E ABCs of Kidz: Supporting Critical Life Functions

CREDIT CARD ORDER FORM

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- No registrations will be accepted over the phone.
- Health Research, Inc. will appear as the transaction on your credit card statement.
- If more than one registrant will be paid for using the same credit card, each registrant must have their own registration form.
- Credit cards will NOT be accepted at on-site registration.

Name That Appears On Card _____

Address 1 _____

Address 2 _____

City _____ State/Province _____ Zip/Postal Code _____

Day Phone (_____) _____ Evening Phone (_____) _____

Name of Individual Placing Order _____

I authorize Health Research, Inc. to charge my credit card for the services as described.

Signature of Cardholder **X** _____

Credit Card Type: Visa MasterCard Please note that all credit cards must be valid through the dates of the event.

Credit Card Number _____ - _____ - _____ - _____ Expiration Date ____ / ____

Amount Charged _____

FOR HRI USE ONLY

Transaction Processed (Circle one): Approved Declined

Amount Charged \$ _____ Settlement Date _____