



713 Bridge Street, Suite 18
 Selinsgrove, PA 17870
 Phone: 570.473.7834
 Fax: 814.355.5149
 www.smemsc.org

Spring Conference 2019

Registration Form

Name:

Address:

City/State: Zip Code:

Email: ****Email addresses are required for continuing education processing.**

Home/Cell: Work Phone:

Affiliation: County:

Certification Type: EMR EMT Paramedic PHRN Other

Certification Number Date of Birth

Program Registration

| Session | ✓ if Attending | Fee |
|--|----------------|--------------|
| Conference March 15 th thru March 17 th 2019 | | |
| If paid after February 28 th 2019 | | \$195 |
| Early Bird Registration (On or Before February 28th) | | \$170 |
| Single Day Conference Option | | \$90 |
| | | |
| EMS Tailgate Party (Non-Conference Attendee) | | \$20 |
| Conference Total | | |
| | | |

***** If you have a disability and require a reasonable accommodation to participate in an activity administered by Seven Mountains EMS Council or have food allergies and need a special meal provided to you, please contact Cathy Grimes at the Council office or cgrimes@smemsc.org. Please make the request as soon as possible so that there is ample time to review your request.**

Payment Method: Payment Enclosed Invoice EMS Agency (see page 2)

**** PLEASE REMIT PAYMENT TO SEVEN MOUNTAINS EMS COUNCIL - 713 Bridge Street, Suite 18 - Selinsgrove, PA 17870**

Break-out Session attendance

Please indicate your preference for break-out session attendance below as space is limited. Classes will be assigned as registrations are received. Rank your preference in descending order (1-4) for each time period you plan to attend:

Friday March 15th 2019

| | | | | | | | |
|-----------------------------------|--|---|--|---------------------------------|--|------------------------------|--|
| <i>Session 1</i> 8:30-10:00am | | Modern TECC Concepts | | Stop the Bleed | | EMSVO-EZ EVOC | |
| <i>Session 2</i> 10:30-12:00pm | | Basic Airway Lect./Lab | | Documentation Workshop Overview | | Stop the Bleed | |
| <i>Session 3</i> 1:00-2:30pm | | Advanced Airway Lect./Lab, Continue from Basic | | EMS Patient Safety | | Expectations of a New Driver | |
| <i>Session 4</i> 3:00-4:00pm | | Pediatric Child Abuse | | Mentoring in EMS | | EMSVO-Intersection Safety | |

Saturday March 16th, 2019

| | | | | | | | |
|---|--|--|--|-------------------------------|--|--|---|
| <i>Session 1</i> 10:20-11:50 | | What do you know about CISM | | 2019 ALS/BLS Protocol Updates | | Pediatric Lecture | Patient Tracking, KCNET Part 1 |
| <i>Session 2</i> 1:00-2:30pm | | Bicycles, Bats, Balls & Trauma Calls | | Pediatric Assessment Triangle | | 100 Days, Treating a Stem Cell Patient | SCMRTF Functional Exercise, Patient Tracking Part 2 |
| <i>Session 3</i> 2:45-4:15pm | | Heroin "An American Epidemic" | | EMS Mentoring for the Future | | Cardiac Arrest Care | EMS Response to MCI |
| <i>EMS Tailgate Party</i> 6:30-11:00pm | | Please Check the box if you plan to attend | | | | | |

Sunday March 17th 2019

| | | | | | | | |
|-----------------------------------|--|--|--|------------------|--|---|-------------------------------------|
| <i>Session 1</i> 10:00-11:30am | | Wilderness EMS/SAR | | Autism Awareness | | Patient Tracking, KCNET | EMSVO-Roll Over Protection |
| <i>Session 2</i> 12:30-2:00pm | | Relaying Critical Info or Death Telling A Skill Not Taught | | Stop the Bleed | | This is Real World EMS Back to the Basics | Union County Route 147 MCI Incident |
| <i>Session 3</i> 2:30-3:30pm | | Healthy Living & Eating on the Go | | The Learning Lab | | Documentation Workshop Narrative Building | EMS Involved Incidents |

RELEASE INFORMATION: I hereby authorize, by nature of registering for the Seven Mountains EMS Council Spring Conference, SMEMSC's absolute right and unrestricted permission to copyright, use, and/or publish photo images of me that may be taken during the program.

Participant Signature _____ Date: _____

Authorization to Bill 2019

The following **MUST** be completed if payment is to be invoiced to an agency or organization.

Agency Name

Billing Address

City: State: Zip Code:

Signature Chief Administrative/Financial or Operational Officer: _____ Date _____

REFUND POLICY:

If cancellation is received with proper notice, a full refund will be provided. Cancellations need to be received by Laura Rompolski (office telephone or lrompolski@smemsc.org) no later than **12:00pm on March 14, 2019**. Others, including no shows, are not eligible for a refund, but last minute substitutions are allowable.