

Registration Deadline is February 4, 2019

Please print clearly. Incomplete forms cannot be processed. Payment must be received in order to process.

First Name	Last Name	Credentials (EMT, RN etc)	
Mailing Address	City	State	Zip
Phone	Email address (confirmation sent via email)		

Vegetarian Meals Check here if you are a Fire Chief or Assistant Fire Chief.

PRE-CONFERENCE Workshop Selection			
THURSDAY, February 21, 2019			
Workshop <small>Please select one 8-hour workshop</small>	Time	Price	Select
Pediatric ITLS Course	0800-1700	\$150	<input type="checkbox"/>
Geriatric Obstacle Workshop	0800-1700	\$150	<input type="checkbox"/>
Educator Extravaganza	0800-1700	\$150	<input type="checkbox"/>

CONFERENCE Breakout Selections			
FRIDAY, FEBRUARY 22, 2019			
Breakout Sessions (1) <small>Please select one session for each time frame.</small>	Preferred Time		
	1015-1115	1130-1230	
Breathe Easier Knowing Respiratory Pharmacology	<input type="checkbox"/>	<input type="checkbox"/>	
Blunt Force Trauma: A Rodeo Perspective	<input type="checkbox"/>	<input type="checkbox"/>	
Modeling Other Time-critical Illness with our Current Trauma System	<input type="checkbox"/>	<input type="checkbox"/>	
Breakout Sessions (2) <small>Please select one session for each time frame.</small>	Preferred Time		
	1500-1600	1615-1715	
Clinical Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	
Maternal Arrest	<input type="checkbox"/>	<input type="checkbox"/>	
Case Studies in Pediatrics (Dr. Dietrich)	<input type="checkbox"/>	<input type="checkbox"/>	

SATURDAY, FEBRUARY 23, 2019			
Breakout Sessions (3) <small>Please select one session for each time frame.</small>	Preferred Time		
	0915-1015	1030-1130	
Interfacility Care	<input type="checkbox"/>	<input type="checkbox"/>	
Jail and Prison Populations Are Getting Older and Older; What to Do Now	<input type="checkbox"/>	<input type="checkbox"/>	
Case Studies in Pediatrics (Dr. Mace)	<input type="checkbox"/>	<input type="checkbox"/>	
Breakout Sessions (4) <small>Please select one session for each time frame.</small>	Preferred Time		
	1445-1545	1600-1700	
Ohio CARES Project	<input type="checkbox"/>	<input type="checkbox"/>	
Public Safety Mobile Broadband	<input type="checkbox"/>	<input type="checkbox"/>	
Pelvic Ring Injuries	<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE NOTE: If selections are full, we will place you in an open breakout session. You are automatically registered for the General Sessions on the days you are attending.

REGISTRATION FEES - check all that apply		
DAYS	Fee	Select
PRE-CONFERENCE - Thursday, February 21	\$150	<input type="checkbox"/>
CONFERENCE - Friday, February 22	\$150	<input type="checkbox"/>
CONFERENCE - Saturday, February 23	\$150	<input type="checkbox"/>
2-DAY CONFERENCE - Friday/Saturday, February 22-23	\$250	<input type="checkbox"/>
TOTAL REGISTRATION FEE: \$ _____		

Cancellation Policy: Refunds will be made up to February 4, 2019, less a \$50 administrative fee. Cancellations after February 4, will be non-refundable.

Please Note: By filling out this application, you extend permission to Ohio ACEP/ITLS to publish any photo taken at the conference.

Register online: www.itraumaohio.org
Fax to: 614.792.6508
Mail to: 3510 Snouffer Rd
 Suite 100
 Columbus, OH 43235

Questions? Call 888.642.2374 or 614.792.6506
 or email conference@itraumaohio.org

PAYMENT INFORMATION	
Payments must be received at the time of registration!	
If you are submitting a purchase order (PO), a copy of the PO must be provided in order to complete the registration process. Steps to pay by PO: 1) Fax a copy of the PO to 614.792.6508 along with the registration form for each person, 2) Include your name, phone number, and email address on the fax cover sheet.	
Your registration will not be official until payment is received!	
Please choose: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check (to Ohio ACEP)	
Name on Card:	
CC Number:	
Exp. Date:	Security Code: