

Registration Deadline is February 10, 2020

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 27, 2020 | | | |
| Workshop Please select one 8-hour workshop | Time | Price | Select |
| Emergency Airway Management (AM) | 0800-1200 | \$100 | <input type="checkbox"/> am |
| Emergency Airway Management (PM) | 1300-1700 | \$100 | <input type="checkbox"/> pm |
| Instructor Palooza | 0800-1700 | \$150 | <input type="checkbox"/> |
| Special Needs Children = Special Care | 0800-1700 | \$150 | <input type="checkbox"/> |

| CONFERENCE Breakout Selections | | |
|--|--------------------------|--------------------------|
| FRIDAY, FEBRUARY 28, 2020 | | |
| Breakout Sessions (1) Please select one session for each time frame. | Preferred Time | |
| | 0915-1015 | 1030-1130 |
| I'm Old and Confused and I Don't Know Why? | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Care for Public Safety Personnel | <input type="checkbox"/> | <input type="checkbox"/> |
| Mobile Stroke Units | <input type="checkbox"/> | <input type="checkbox"/> |
| Breakout Sessions (2) Please select one session for each time frame. | Preferred Time | |
| | 1510-1610 | 1620-1720 |
| That SMELL the LOOK, now TREAT it! | <input type="checkbox"/> | <input type="checkbox"/> |
| Everything You Need to Know About Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| Ultrasound Use in the Prehospital Setting | <input type="checkbox"/> | <input type="checkbox"/> |

| SATURDAY, FEBRUARY 29, 2020 | | |
|--|--------------------------|--------------------------|
| Breakout Sessions (3) Please select one session for each time frame. | Preferred Time | |
| | 1015-1115 | 1130-1230 |
| The Assessment and Identification of Human Trafficking | <input type="checkbox"/> | <input type="checkbox"/> |
| When Childbirth Goes Wrong | <input type="checkbox"/> | <input type="checkbox"/> |
| EMS Myth Busters | <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 27 | \$___ | <input type="checkbox"/> |
| CONFERENCE - Friday, February 28 | \$150 | <input type="checkbox"/> |
| CONFERENCE - Saturday, February 29 | \$150 | <input type="checkbox"/> |
| 2-DAY CONFERENCE - Friday/Saturday, February 28-29 | \$250 | <input type="checkbox"/> |
| TOTAL REGISTRATION FEE: \$ _____ | | |

Cancellation Policy: Refunds will be made up to February 10, 2020, less a \$50 administrative fee. Cancellations after February 10 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: |