

EMS Update 2019 Presentation Information

Presenter's
Name: _____

Title and
Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Phone: (____) _____

E-Mail Address: _____

WREMS attempts to provide reasonable reimbursement for its faculty. Most faculty members are reimbursed by their organizations and donate their time to keep costs low; please outline your request for reimbursement below. All reimbursement requests must be approved by WREMS in advance.

Reimbursement requests may be reduced in amount or rejected entirely on any basis at the sole discretion of WREMS. Any reimbursement request not included as part of the speaker's agreement is subject to denial.

Will you require an honorarium? (amount) \$ _____

Will you also require:

Hotel Accommodations **Travel Expenses** **Per Diem**

Other:

Suggested Session Title:

Length (Time) of Session:

60 minutes _____

Other _____

Note: Our budget does not allow for co-presenters for sessions less than 2 hours in length.

Please feel free to attach a lesson plan/outline for this presentation and any additional materials the Conference Presentation Committee can consider to determine acceptance or conference placement, including handouts.

Which category keyword best fits your presentation?

Medical **Trauma** **OB/Pediatrics** **Operations/Rescue**

COURSE DESCRIPTION

This course description will be used in the conference brochure and students attend courses based on the description in the brochure. Be concise and accurate in your description. The committee may edit due to space constraints.