

Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone \_\_\_\_\_ Email Address \_\_\_\_\_

Please type/print all of your information so it is correct on your name badge. TO GET YOUR CON-ED CREDITS, YOU MUST FILL OUT THIS BOX!

EMS Certification Number _____	EMS Certification Level _____ (i.e., FR, EMT, EMT-P, PHRN)	Date of Birth ____/____/____
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**WORKSHOPS**

<b>Wednesday</b>	<b>Basic WMD Operations</b>	<b>\$ 75</b>
<b>Wednesday and Thursday</b>	<b>AMLS</b>	<b>\$100</b>
<b>Friday and Saturday</b>	<b>Tactical Medical Responder</b>	<b>\$285</b>
<b>Friday</b>	<b>APAM</b>	<b>\$ 0</b>
<b>Saturday</b>	<b>APAM</b>	<b>\$ 0</b>

**Thursday Sessions**

(circle the session you plan to attend)

8:30am—10:00am  
**Asthma Management**  
**Taking Care of You**  
**Dignitary Medical Support**

8:30am—12noon  
**Leadership Academy**  
**CPAP in EMS**  
**Rescue Medicine**

10:30am—12noon  
**Spinal Immobilization**  
**So You Want To Work in EMS?**  
**Tales From The Darkside**

1:30pm—3:00pm  
**Seven C's of Leadership**  
**Quick and Easy 12 Lead Recognition**  
**Kinematics and MOI**

1:30pm—5:00pm  
**Assisting the ALS Provider**  
**Burn Care for Mom, Child & Unborn**  
**Communicating with Deaf Patient**

3:30pm—5:00pm  
**Your EMS Certification**  
**Pediatric Shock**  
**8 Quick Ways to Die of Trauma**

**Friday Sessions**

(circle the session you plan to attend)

8:15am—10:00am  
**KEYNOTE PRESENTATION**

10:30am—12noon  
**Farm Trauma**  
**EMS Self Sufficiency for Disasters**  
**Pharmacology**  
**Prehospital Medicine in Iraq**  
**Making Death Notifications**  
**They Were Soldiers Once**  
**I Swear To Tell The Truth**  
**Understanding Injury Patterns**  
**EMS as a Service Culture**

1:30pm—3:00pm  
**Search and Rescue Intro**  
**Improving Customer Service**  
**Bites and Stings**  
**Bombs and Bullets**  
**Communicating with Mentally Ill**  
**Teaching EMS One on One**  
**Neurotrauma and Young Athlete**  
**Introduction to EMS Research**

1:30pm—5:00pm  
**Windshield Size Up**

3:30pm—5:00pm  
**EMS Operations at Fire Scene**  
**EMS Leadership Through Teams**  
**Abdominal Catastrophes**  
**Colors**  
**Water Rescue Awareness Part I**  
**Pearls for New EMS Educators**  
**Tots with Technology**  
**CPAP Study**

**Saturday Sessions**

(circle the session you plan to attend)

8:30am—10:00am  
**Water Rescue Awareness Part II**

9:00am—10:00am  
**History of Trauma**

10:30am—12noon  
**Cath Lab Activation**  
**Help! Students Aren't Smart!**  
**Sudden Death of Athlete**  
**Crush Injury**  
**Psychiatric Presentation of Medical Illness**  
**Pediatric Potpourri**  
**Traumatic Brain Injury**

1:30pm—3:00pm  
**Capnography**  
**Partnering**  
**Race Track safety & Response**  
**Decontamination Practices**  
**Scenes of Violence**  
**Managing Performance Problems**

1:30pm—5:00pm  
**Risky Teen Behavior**

3:30pm—5:00pm  
**Perspectives of a Trauma Surgeon**  
**EMS Goes to Hollywood**  
**Multi-Injured Patient**

**MAKE CHECKS PAYABLE TO WREMS**

**CONFERENCE FEES**

Special Workshops	
Basic WMD Operations	\$ 75
Tactical Medical Response	\$285
AMLS	\$100
3 Day Registration	\$175
2 Day Registration	\$120
1 Day Registration	\$ 60

**Workshop Fee** \$ \_\_\_\_\_

**Conference Fee** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Charge to:  VISA  MasterCard  DISCOVER  AMEX

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CODE from back of card \_\_\_\_\_

Signature \_\_\_\_\_

Zip Code \_\_\_\_\_ (of the mailing address your credit card bill is delivered to).

Complete this form and mail to: \_\_\_\_\_ or fax with credit card information to: \_\_\_\_\_  
 Western Regional EMS Inc (412) 242-7434  
 Attn: EMS Update 2008  
 221 Penn Avenue Suite 2500  
 Pittsburgh PA 15221-2166

**MAKE CHECKS PAYABLE TO WREMS**