

# Conference Registration Deadline is February 13, 2015!

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

**Register online:** [www.itraumaohio.org](http://www.itraumaohio.org) **Fax to:** (614) 792-6508  
**Mail to:** 3510 Snouffer Road, Suite 100, Columbus, OH 43235  
**Questions? Call** (888) 464-2857 or (614) 760-1464 or e-mail  
[info@itraumaohio.org](mailto:info@itraumaohio.org)

**First Name** **Last Name** **Credentials (Paramedic, EMT, RN, etc.)**

**Company, Station, Facility, etc.** **Title (Fire Chief, EMS Manager, etc.)**

**Preferred Mailing Address** **City** **State** **Zip**

**Preferred Phone** **E-mail Address of Registrant (confirmation will be sent via e-mail)** ☐ **Please check here for vegetarian option**

## Pre-Conference Workshop Selections: (Please check your daily selection)

### Thursday, February 26, 2015

Workshop 2/27/2014	Time	Price	"✓" Your selection
Human Patient Simulation Workshop	0800-1200 or 1300-1700	\$100	<input type="checkbox"/> 0800-1200 (1AM) <input type="checkbox"/> 1300-1700 (1)
Instructor Roles & Responsibilities Workshop	0800-1700	\$150	<input type="checkbox"/> (2)
SCOPE Workshop	0800-1700	\$150	<input type="checkbox"/> (3)

### Friday, February 27, 2015

Workshop 2/28/2014	Time	Price	"✓" Your selection
Geriatric Assessment Workshop	0800-1200	\$75	<input type="checkbox"/> (4)
Operation: Street Smart	0800-1200	\$75	<input type="checkbox"/> (5)
Organizational Risk Management	0800-1200	\$75	<input type="checkbox"/> (6)

## Conference Breakout Selections: (Please check your selection for each time slot for each day attending)\*

\*If selections are full, we will place you in an open breakout session. You will automatically be registered for the general sessions on the day(s) you are attending.

### Friday, February 27, 2015

Breakout Sessions (1)	"✓" Your Preferred Time	
Please choose one session for each time frame	<b>1430 - 1530</b>	<b>1545 - 1645</b>
Current Recommendations for Spinal Precautions in Pediatric Trauma Transport	<input type="checkbox"/> (8)	<input type="checkbox"/> (12)
Geriatric Trauma	<input type="checkbox"/> (9)	<input type="checkbox"/> (13)
In a Blink of the Eye	<input type="checkbox"/> (10)	<input type="checkbox"/> (14)

### Sunday, March 1, 2015

Breakout Sessions (4)	"✓" Your Preferred Time	
Please choose one session for each time frame	<b>0930 - 1030</b>	<b>1045 - 1145</b>
CSI/Forensics: Crime Scene Preservation	<input type="checkbox"/> (36)	<input type="checkbox"/> (40)
Pediatric Cases	<input type="checkbox"/> (37)	<input type="checkbox"/> (41)
The Newest Killer You Can't Even See	<input type="checkbox"/> (38)	<input type="checkbox"/> (42)

### Saturday, February 28, 2015

Breakout Sessions (2)	"✓" Your Preferred Time	
Please choose one session for each time frame	<b>0930-1030</b>	<b>1045-1145</b>
Anticoagulation in the Trauma Patient	<input type="checkbox"/> (18)	<input type="checkbox"/> (22)
Burn Injury: Lets Set the Bar High!	<input type="checkbox"/> (19)	<input type="checkbox"/> (23)
Refusals in EMS	<input type="checkbox"/> (20)	<input type="checkbox"/> (24)
Breakout Sessions (3)	<b>1300-1400</b>	<b>1415-1515</b>
Stories of the Spirit	<input type="checkbox"/> (26)	<input type="checkbox"/> (30)
The Difficult Airway	<input type="checkbox"/> (27)	<input type="checkbox"/> (31)
Trauma in Pregnancy	<input type="checkbox"/> (28)	<input type="checkbox"/> (32)

## Registration Fees (Check all that apply)

For instance, if you would like to attend a 2/26 pre-conference workshop and a 2/27 pre-conference workshop please check both options.

Days	Registration Fee	Please Check Option(s)
Pre-Conference Workshop on 2/26 (Thurs.)	\$ _____ fill in price (\$150 or \$100)	<input type="checkbox"/>
Pre-Conference Workshop on 2/27 (Fri.)	\$75	<input type="checkbox"/>
Conference Registration for 2/27 (Fri. ONLY) (begins at 1300)	\$75	<input type="checkbox"/>
Conference Registration for 2/28 (Sat. ONLY)	\$150	<input type="checkbox"/>
Full Conference Registration – (All 3 Days) (Afternoon 2/27, All day 2/8, Morning 3/1)	\$250	<input type="checkbox"/>
<b>TOTAL REGISTRATION FEE (TOTAL ALL OPTIONS)</b>		

**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 e-mail address on the fax cover sheet. Your registration will not be official until payment is received!

**Please choose:** ☐ VISA ☐ MC ☐ AMEX ☐ Check (Payable to Ohio ACEP)

**Name on Card**

**Credit Card Number** **Exp. Date** **Security Code**

**Don't forget to make your hotel reservation before 2/13/2015!**

**Cancellation Policy:** Refunds will be made up to February 13, 2015 less a \$50 administrative fee. Cancellations after February 13, 2015 will be non-refundable. No exceptions.

**Conference Extras:** An outline of most presentations will be available on the ITLS Ohio Web site [www.itraumaohio.org](http://www.itraumaohio.org) one week prior to the conference.

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