



Seven Mountains EMS Council  
 44 Universal Road  
 Selinsgrove, PA 17870  
 Phone: 570.473.7834 OR  
 814.355.1474  
 Fax: 814.355.5149  
 www.smemsc.org

# Spring Conference 2015

## Registration Form

Name:

Address:

City/State:  Zip Code:

Email:  **\*\*Email addresses are required for continuing education processing.**

Home/Cell:  Work Phone:

Affiliation:  County:

Certification Type: ☐ EMR ☐ EMT ☐ Paramedic ☐ PHRN ☐ Other

Certification Number  Date of Birth

## Program Registration

Session	✓ if Attending	Fee	Cost
Leadership Day – March 13 <sup>th</sup>		\$35 <sup>1</sup>	
Preparedness Day – March 13 <sup>th</sup>		\$35 <sup>1</sup>	
Two Day Conference – March 14 <sup>th</sup> & 15 <sup>th</sup>		\$150	
<b>*Please check if you will attend the Social Event</b>			
Single Day Conference – March 14 <sup>th</sup>		\$80	
Single Day Conference – March 15 <sup>th</sup>		\$80	
EMS Social Event (non-conference attendee)		\$35 <sup>2</sup>	
<b>Conference Total</b>			

<sup>1</sup>Fee is waived for first three attendees sponsored from each regional EMS agency.

<sup>2</sup>Sponsored event for two day conference attendees – no additional fee required; but please indicate your intentions to attend as we need to provide attendance numbers to the facility.

Payment Method: ☐ Payment Enclosed ☐ Invoice EMS Agency (see page 2)

**\*\* PLEASE REMIT PAYMENT TO SEVEN MOUNTAIN EMS COUNCIL - 44 UNIVERSAL ROAD - SELINSGROVE, PA**

## Break-out Session attendance

Please indicate your preference for break-out session attendance as space is limited. Classes will be assigned as registrations are received. Rank your preference in descending order for each time period you will be attending:

### Saturday March 14th, 2015 - Breakout Session I

\_\_\_\_\_ Eye Injuries & Ocular Trauma

\_\_\_\_\_ You're never more than  
5 minutes from Hell

\_\_\_\_\_ HazMat Mechanism of Injury

### Saturday March 14th, 2015 - Breakout Session II

\_\_\_\_\_ Child Abuse, Identifying & Reporting

\_\_\_\_\_ Management of entrapped  
pts. in USAR environment

\_\_\_\_\_ Orthopedic Trauma Injuries

### Sunday March 15th, 2015 - Breakout Session I

\_\_\_\_\_ LifeFlight: Critical care in Air Operations

\_\_\_\_\_ SIM Lab

\_\_\_\_\_ Fail to Plan? Plan to Fail

### Sunday March 15th, 2015 - Breakout Session II

\_\_\_\_\_ Emergency Epilepsy Management

\_\_\_\_\_ Things that Bite, Sting & Suck:

\_\_\_\_\_ EMS Ethics/Ambassadorship

**RELEASE INFORMATION:** I hereby authorize, by nature of registering for the Seven Mountains EMS Council Spring Conference, SMEMSC the absolute right and unrestricted permission to copyright and/or use and/or publish photo images of me that may be taken during the program.

Participant Signature \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\* If you have a disability and require a reasonable accommodation to participate in an activity administered by Seven Mountains EMS Council or have food allergies and need a special meal provided to you, please contact Amanda Krebs, System Development Coordinator at the Council office or [akrebs@smemsc.org](mailto:akrebs@smemsc.org). Please make the request as soon as possible so that there is ample time to review your request.

## Authorization to Bill 2015

The following **MUST** be completed if payment is being invoiced to an agency or organization

AgencyName

Billing Address

City:

State:

Zip Code:

Signature Chief Administrative/Financial or Operational Officer:

\_\_\_\_\_

Name:

Title:

Date:

### REFUND POLICY:

If cancellation is received at the Council with proper notice, a full refund will be provided. Cancellations need to be received by Amanda Krebs (office telephone or [akrebs@smemsc.org](mailto:akrebs@smemsc.org)) no later than 4:00pm on March 11, 2015. Others, including No shows, are not eligible for a refund; but, last minute substitutions are allowable. Refunds may take 4-6 weeks to process.