

The EMS Symposium will feature
OSF Saint Francis specialists
and Peoria Area EMS staff.

We welcome
John Hafner, MD,
Ed Hirsch, MD,
Lisa Barker, MD,
Michael Henderson, JD,
Rose Haisler, DO,
Cheryl Colbenson, DO,
Andy Jou, DO,
Mike Downs, MD,
Gene Couri, MD,
Nate Shefveld, MD,
and
Matt Hanson, MD.



530 NE Glen Oak Ave.
Peoria, IL 61637

PAEMS Continuing Education Symposium

Saturday, May 7, 2011
8am – 5pm

Spalding Pastoral Center | Peoria, Illinois



Agenda

- 8:00am **Registration & Breakfast**
- 9:00am **Stroke 333**
Stroke Neurology Staff | *Lecture Hall A*
Patient Safety in EMS
Cheryl Colbenson, DO | *Lecture Hall B*
Airway Lab
PAEMS Staff | *Lecture Hall C*
- 10:00am **ACLS Guidelines 2010**
John Hafner, MD | *Lecture Hall A*
Toxic Ingestions/Environmental Emergencies
Andy Jou, DO | *Lecture Hall B*
Airway Lab
PAEMS Staff | *Lecture Hall C*
- 11:00am **OB Emergencies**
Ed Hirsch, MD | *Lecture Hall A*
Case Conference
Mike Downs, MD | *Lecture Hall B*
- 12:00pm **Working Lunch**
Simulation Medicine and EMS
Lisa Barker, MD | *Lecture Hall A*
- 1:30pm **Legal Issues in EMS**
Michael Henderson, JD | *Lecture Hall A*
Pediatric Asthma
Gene Couri, MD | *Lecture Hall B*
- 2:30pm **Trauma Scene Management**
Rose Haisler, DO | *Lecture Hall A*
Capnography
Nate Shefveland, MD | *Lecture Hall B*
- 3:30pm **Cardiology 777**
Cardiology Staff | *Lecture Hall A*
Dead Tired
Matt Hanson, MD | *Lecture Hall B*

Registration Information

Cost:

\$50 before April 28.
\$65 through May 7.

Cancellation Policy:

April 23 and before: full refund. April 24 and after: no refund. Please send someone in your place if you are unable to attend.

How to Register:

Complete all parts of the registration form and select one lecture or Airway Lab for each hour and mail to: Peoria Area EMS Office, Dale Tippett, 605 N.E. Jefferson, Peoria, IL 61603 or Fax to (309) 655-2090. A check made payable to PAEMS must be received with a completed registration form to ensure a symposium registration.

Any Questions:

Peoria Area EMS Office
Dale Tippett
605 N.E. Jefferson
Peoria, IL 61603
Office (309) 624-3101
Fax (309) 655-2090
Email edward.d.tippett@osfhealthcare.org

Registration Form

Please Print

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Day Phone: _____

Email: _____

Agency Affiliation: _____

Please choose one lecture/lab for each hour.

	Lecture Hall A	Lecture Hall B	Lecture Hall C
9:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00am	<input type="checkbox"/>	<input type="checkbox"/>	
1:30pm	<input type="checkbox"/>	<input type="checkbox"/>	
2:30pm	<input type="checkbox"/>	<input type="checkbox"/>	
3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	

Payment Options:

Cash

Check (*Make check payable to PAEMS*)

Credit Card: Visa MC Discover

Account #: _____

Expiration Date: _____

Signature: _____

Registration may be emailed, faxed or mailed.