**Four Corners Symposium on Emergency Care 2020**

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| **REGISTRATION FORM - ONE FORM PER REGISTRANT****(Choose from the sessions listed below)**Friday Breakout Sessions**Morning 0900 - 1015 (List in order of preference 1st, 2nd, etc.)**\_\_\_\_\_\_\_\_\_\_ The Grand Illusion \_\_\_\_\_\_\_\_\_\_ Pediatric Trauma: The “Hurts Bad”\_\_\_\_\_\_\_\_\_\_ Diagnostic Thinking Errors**Morning 1045 - 1200 (List in order of preference 1st, 2nd, etc.)**\_\_\_\_\_\_\_\_\_\_ Not Your Grandfather’s DKA \_\_\_\_\_\_\_\_\_\_ Identifying Trauma Inj. And Med.\_\_\_\_\_\_\_\_\_\_ First, Do No Harm **Afternoon 1400 - 1515 (List in order of preference 1st, 2nd, etc.)**\_\_\_\_\_\_\_\_\_\_ All I Need is the Air I Breathe \_\_\_\_\_\_\_\_\_\_ I’m Reaching for the Top…\_\_\_\_\_\_\_\_\_\_ Pediatric Airway Management**Afternoon 1545 - 1700 (List in order of preference 1st, 2nd, etc.)**\_\_\_\_\_\_\_\_\_\_ Hands On Scenario \_\_\_\_\_\_\_\_\_\_ Patient vs. Assailant\_\_\_\_\_\_\_\_\_\_ Dancing to the Beat Saturday Breakout Sessions**Morning 0900 - 1015 (List in order of preference 1st, 2nd, etc.)**\_\_\_\_\_\_\_\_\_\_ The Basic EKG Challenge \_\_\_\_\_\_\_\_\_\_ The Vicious Cycle of CHF\_\_\_\_\_\_\_\_\_\_ Funny, You Don’t Look Deaf \_\_\_\_\_\_\_\_\_\_ Hands On Scenario**Morning 1045 - 1200 (List in order of preference 1st, 2nd, etc.)**\_\_\_\_\_\_\_\_\_\_ 12-Lead EKG Challenge \_\_\_\_\_\_\_\_\_\_ Extreme Cases in Ped. Trauma\_\_\_\_\_\_\_\_\_\_ Important EMS Research \_\_\_\_\_\_\_\_\_\_ Legal Anatomy and Physiology**Afternoon 1400 - 1515 (List in order of preference 1st, 2nd, etc.)**\_\_\_\_\_\_\_\_\_\_ The Power of Equality \_\_\_\_\_\_\_\_\_\_ How to NOT Mis and MI\_\_\_\_\_\_\_\_\_\_ Putting Blinders on Trauma Assessment**Afternoon 1545 - 1700 (List in order of preference 1st, 2nd, etc.)**\_\_\_\_\_\_\_\_\_\_ Family Centered Care \_\_\_\_\_\_\_\_\_\_ Festivals and EMS: Welcome Home\_\_\_\_\_\_\_\_\_\_ Assessment DifferentialsSunday Breakout Sessions**Morning 0945 - 1100 (List in order of preference 1st, 2nd, etc.)**\_\_\_\_\_\_\_\_\_\_ With a Little Help from my Friends \_\_\_\_\_\_\_\_\_\_ Death by Ventilation\_\_\_\_\_\_\_\_\_\_ SVT with Aberrancy vs. V-Tach**Afternoon 1130 - 1245 (List in order of preference 1st, 2nd, etc.)**\_\_\_\_\_\_ Capnography: Not Just for the Airway\_\_\_\_\_\_ Crush and Compartment Syndromes\_\_\_\_\_\_ Trauma Transfers: The Necessary Evil   | **PLEASE PRINT LEGIBLY** Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial or Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ eMail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Payment Information: Receipt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Four Corners’ Symposium on Emergency Care Registrations can be purchased at:**[www.emerg-4CSEC.org](http://www.emerg-4CSEC.org)**You can register as many attendees as you need and pay for them through this site. This includes all credit card, invoice orders. PAYMENT MUST BE COMPLETED PRIOR TO THE SYMPOSIUM WHETHER THROUGH CREDIT CARD OR INVOICE.****Once you have completed the payment form, have each participant you have paid for submit one of these forms with the online transaction number listed to the address listed at the bottom of this form.****Attendees will not be added to the individual sessions prior to payment being made or invoice paid. Checks can be sent to the above address.** |