

Ader Board Agen

1st Annual Mark Twain EMS Symposium Sponsored by Marion County Ambulance District



Basic 12 Lead ECG

Capnography

Advance 15 Lead ECG

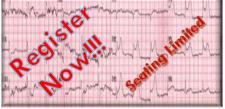
& Providing Customer Service

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ Bob Page, BAS, NREMT-P, CCEMT-P, NCEE

peaker

is a nationally recognized expert in capnography and has presented seminars nationally and internationally for more than 12 years. He has presented "Riding the Waves", "Slap the Cap" and 12 – 15 lead workshops.

He is the author of the 12-Lead ECG for Acute and Critical Care Providers Textbook * * * * * * * * * * *



Bob Page Known for his high-quality, innovative, informative, and entertaining educational programs!

Audio visual includes graphics, animation, audio, and video clips!

Fee = <u>\$50.00</u> for both days \$35.00 for one day

See below for Register Form

September 12 & 13, 2014 Held At: Hannibal LaGrange University Bld. Location: Roland Fine Arts Center HLG Campus: Hannibal, MO 63401

Pediatric Respiratory Emergencies by Terry Cuellar, MN, RN, CCRN Cardinal Glennon

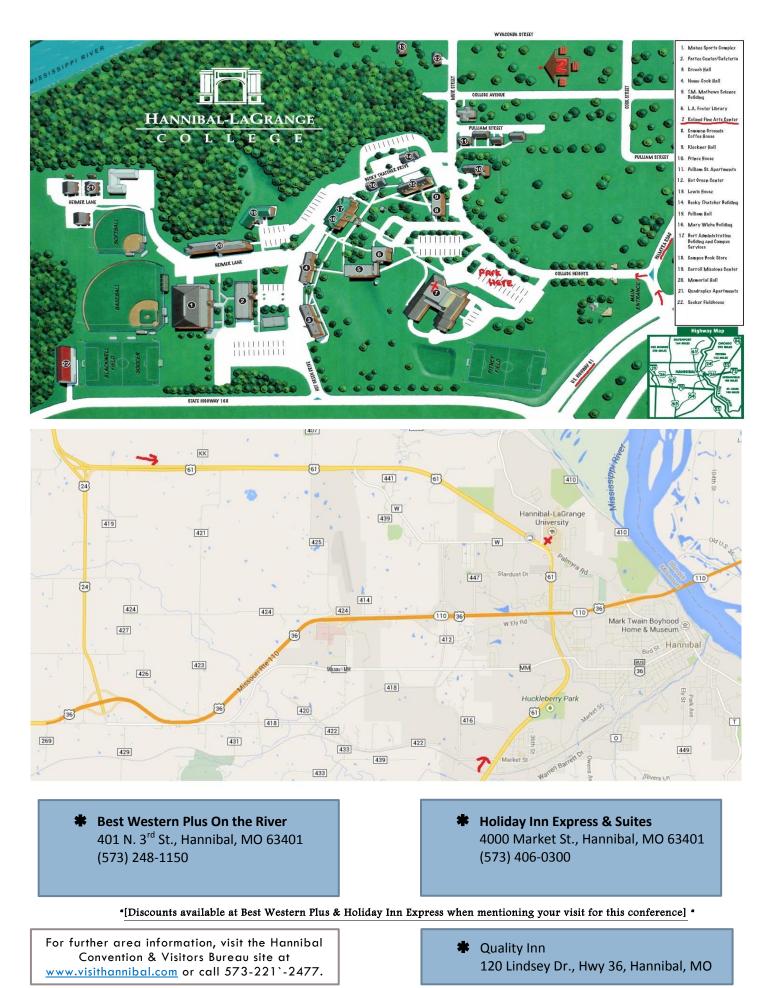
Also Presenting Neurological Emergencies by Aaron Straube, RN, CEN, TNS, PHRN Survival Flight Inc.



SSM Cardinal Glennon Children's Medical Center is an approved provider of continuing nursing education by the Missouri Nurses Association, an accredited approver by the American Nurse Credentialing Center's Commission on Accreditation. Participants will receive 16 contact hours.



Missouri Emergency Medical Education, LLC #0192276 is an approved provider of continuing EMS education by the MO Bureau of EMS. This program has been approved for 16 EMS Continued Education Hours (CEUs)



More information: Contact Division Chief George Miller (573-221-5510 ext 401)

MCAD REGISTRATION FORM

Please complete all sections below and send Reg. form and payment to MCAD by either:

EMAIL:	<u>cmoss@mcadems.com</u>
FAX:	573-221-5004
	MCAD, 3120 Hwy 61 N., Hannibal, MO
MAIL:	63401
MAIL:	

MAIL:	63401 Program Dates: September 12-13, 2014			1st Annual Mark Twain EMS Symposium
PERSONAL I	NFORMATION			
LAST NAME:▼			FIRST NAM	E:▼
GENDER:▼			DATE OF BIRT	'H: ▼
ADDRESS AND C	ITY:▼			
ZIP CODE:▼			PERSONAL EN	1AIL: ▼
CONTACT PHON	E 1:▼		CONTACT PHO	DNE 2: ▼
BUSINESS/S		TION		
JOB TITLE: ▼				
EMPLOYER OR S	CHOOL: ▼			
WORK ADDRESS	AND CITY: ▼			
ZIP CODE: ▼			WORK/SCHOO	DL EMAIL: ▼
WORK/SCHOOI	L PHONE ▼		WORK/SCHO	OOL FAX ▼

Lunch is on your own! Coffee and snack will be served. Seating is auditorium style. Do you have any disabilities that we should be aware of? _____Please specify any reasonable adjustments: I'm attending both days?_ I'm attending only the 1st Day? _I'm attending only the 2nd Day?

Credit Card Info: Name on Card :_____Card #:___

Card Billing Address including Zip Code: _

Card Expiration Date: _____ Card CVC # on back of card: _____ Total amount to charge to card: \$_

MT EMS Symposium Fee: <u>\$50.00</u> for both days \$35.00 for one day

SSM Cardinal Glemona Children's Medical Center is an approved provider of continuing nursing education by the Missouri Nurses Association, an accredited approver by the American Nurse. Credentialing Center's Commission on Accreditation. Participants will receive 18 contract hours.

More information: Contact Division Chief George Miller (573-221-5510 ext 401)