

REGISTRATION FORM—LHS 2019

This form must be completed in full and be postmarked by **February 25, 2019**

PLEASE PRINT ALL INFORMATION

First Name _____ Last Name _____

Home Phone _____ Cell or Work Phone _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

Employer _____ Job Title _____

☐ EMR ☐ EMT ☐ Police Officer ☐ Fire Fighter ☐ Paramedic ☐ Nurse ☐ Other _____

FRIDAY, March 1, 2019

- ☐ **BLS** 0930—How Vital are Vital Signs
- ☐ **ALS** 0930—Pediatric Airway
- ☐ **GEN** 0930—Distracted Driving
- ☐ **GEN** 0930—Trauma Case Review
- ☐ **SKILLS** 0930—BLS Challenge

- ☐ **BLS** 1045—HeartMath: Strategies in Resilience
- ☐ **ALS** 1045—Vasopressors
- ☐ **GEN** 1045—Stress Management
- ☐ **GEN** 1045—Pelvic Trauma
- ☐ **SKILLS** 1045—BLS Challenge

- ☐ **BLS** 1200—Fire Rehab (repeated)
- ☐ **ALS** 1200—I Can't Breathe
- ☐ **GEN** 1200—Community Paramedicine
- ☐ **GEN** 1200—Upside/Down Kids
- ☐ **SKILLS** 1200—Sports Equip Removal (repeated)
- ☐ **LUNCH** 1200

- ☐ **BLS** 1300—Basic 12 Lead
- ☐ **ALS** 1300—Ventilation Strategies (repeated)
- ☐ **GEN** 1300—Active Shooter
- ☐ **GEN** 1300—Post Traumatic Stress: Organization
- ☐ **SKILLS** 1300—ALS Challenge
- ☐ **LUNCH** 1300

- ☐ **BLS** 1415—Chemical Weapons Agents
- ☐ **ALS** 1415—Stemi Update
- ☐ **GEN** 1415—From Victim to Survivor to Nurse
- ☐ **GEN** 1415—Geriatric EMS
- ☐ **SKILLS** 1415—ALS Challenge

SATURDAY, March 2, 2019

- ☐ **BLS** 0920—Death By Drugs
- ☐ **ALS** 0920—Ventilation Strategies (repeated)
- ☐ **GEN** 0920—Rhabdomyolysis
- ☐ **GEN** 0920—Refractory V-Fib
- ☐ **SKILLS** 0920—Pediatric Airway

- ☐ **BLS** 1030—Trauma Interactive!
- ☐ **ALS** 1030—Become an Airway Jedi
- ☐ **GEN** 1030—Trauma Case Studies: Onset to Outcome
- ☐ **GEN** 1030—Critical Thinking Airway Mgmt
- ☐ **SKILLS** 1030—Ventilator Management

- ☐ **BLS** 1140—Intro to Wilderness Medicine
- ☐ **ALS** 1140—Name that Syndrome!
- ☐ **GEN** 1140—OB Emergencies
- ☐ **GEN** 1140—Incident Command
- ☐ **SKILLS** 1140—Sports Equip Removal (repeated)
- ☐ **LUNCH** 1140

- ☐ **BLS** 1240—Fire Rehab (repeated)
- ☐ **ALS** 1240—Case Review / Context Cue
- ☐ **GEN** 1240—Sweet & Sour Diabetes
- ☐ **GEN** 1240—History of EMS in MN
- ☐ **SKILLS** 1240—Wilderness Kit Skills (repeated)
- ☐ **LUNCH** 1240

- ☐ **BLS** 1350—Knowledge is Power: Patient Assessment
- ☐ **ALS** 1350—Drugs of Abuse
- ☐ **GEN** 1350—Evolution of MCI
- ☐ **GEN** 1350—Blue Baby Syndromes
- ☐ **SKILLS** 1350—Wilderness Kit Skills (repeated)

PRE-CON (select only one) THURSDAY, February 28, 2019

- ☐ **1730—1900**—Stop the Bleed Instructor Workshop
- ☐ **1730—2000**—Difficult Airway Workshop
- ☐ **1730—2000**—MCI Planning Session

PAYMENT METHOD

☐ Check (North Memorial EMS & Professional Ed) ☐ Money Order

☐ Credit Card _____ - _____
Expiration Date Security Code

Account # _____

Fax to: 763.581.2472

Mail to: 3435 W Broadway Suite 1801, Robbinsdale MN 55422

NMH Employee # _____ Cost Center # _____

EMPLOYEES CAN USE TUITION REIMBURSEMENT

- Register and pay for conference
- Complete Travel & Education Request Form
- Submit form & receipts to your manager for approval

REGISTRATION FEE

NMH FEE

- | | | |
|---------------------|-----------------------------------|-----------------------------------|
| 2 Day, March 1 & 2 | <input type="checkbox"/> \$259.00 | <input type="checkbox"/> \$179.00 |
| 1 Day, March 1 only | <input type="checkbox"/> \$179.00 | <input type="checkbox"/> \$139.00 |
| 1 Day, March 2 only | <input type="checkbox"/> \$179.00 | <input type="checkbox"/> \$139.00 |
| Pre-Con, Feb 28 | <input type="checkbox"/> \$25.00 | <input type="checkbox"/> \$25.00 |
| After 2/25/19 add | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$50.00 |

TOTAL

\$ _____

\$ _____