

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

Advanced EMS Lecture Series

Lectures:

- ◆ 12 Lead ECG in the ACS Patient
- ◆ Evidenced Based Approach to Acute Decompensated Heart Failure
 - ◆ Cold Therapy Post Cardiac Arrest

ALS / Nursing CEUs were applied for

Location: RWJUH EMS Building

DATES:

Tuesday, Feb. 10, 2009 7:30 pm—10:30 pm

or

Tuesday, Feb. 17, 2009 7:30 pm—10:30 pm

(Same 3 lectures both nights)

COST: \$20.00

All Attending must Pre-Register with EMS Office



ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL—EMERGENCY MEDICAL SERVICES

P.O. Box 2601
126 Paterson Street
New Brunswick, NJ 08903-2601

Phone: (732) 937-8686
Fax: (732) 418-8199
Email: ems@rwjuh.edu

Registration Form

- ALL REGISTRATIONS MUST BE PRE-PAID. Incomplete registration forms or those without payment will be returned without processing!
- Students enrolling for BLS for Healthcare Providers Renewal, ACLS or PALS Provider or Renewal, and EMT-Basic must attach proof of valid CPR to complete registration. Students enrolling for ACLS or PALS Renewal courses must also include copies of their valid, current provider card.

Name	Professional level:
Address	Date
	Last 4 digits SSN
	EMS ID#
E-mail	Day phone
Affiliation	Eve phone
Send acknowledgment via <input type="checkbox"/> e-mail or <input type="checkbox"/> U.S. postal mail?	Cell phone

Select your preferred method to deliver course materials:

- Pick-up at RWJUH EMS Education, 126 Paterson Street in New Brunswick, Monday-Friday 8:30 a.m. to 4:30 p.m. (Recommended if registering within 2 weeks of course.)
- US mail to above address. (This may take as much as 10 days, even locally.)

Course Title	Course Date(s)	Tuition/Fees
		\$
Enter optional date(s) for ACLS ECG/pharmacology reviews or other skills sessions, if appropriate:		\$
Check # _____ is enclosed. Make check or money order payable to "Robert Wood Johnson University Hospital."	Cancellation Refunds: RECEIVED less than ten BUSINESS DAYS before the course--NO REFUND. 10 or more business days--full refund if issued material(s) returned in brand new condition prior to the start of the course.	Total \$

For Credit Card Payment Only

Card Type (check one):	<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover Card
Cardholder's Name				
Card Number				
Expiration Date				

Please read and sign below this statement: I agree to pay the total amount noted above per the card issuer agreement.

Cardholder's Signature: _____