

CRITICAL RESPONSE '09 REGISTRATION FORM

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

EMS or Hospital Affiliation: _____

Name Tag: _____

Check All That Apply: EMT-B EMT-EN EMT-I EMT-P LPN RN

Credit Card # _____ Visa MC AmEx Disc

Exp. Date: ____/____/____

Name & Address (as they appear on credit card):

Make checks payable to: The University of
Virginia - Pegasus

Send registration information and checks to:
Pegasus
200 Bowen Loop, Suite 100
Charlottesville, VA 22911

Signature: _____

Credit card registration may be faxed to: 434.973.6915

T-Shirt Size (circle one): S M L XL XXL XXXL

Please choose from the following General Session presentations, ranking your choices from 1 (most interested) to 5 (least interested). Please note that presentations marked with an asterisk (*) are advanced topics intended for critical care RN's or CC/FP-C attendees. These sessions may not be appropriate for everyone.

_____ *Subtle Clinical Findings in the 12 lead ECG*

_____ *Snake Bite Envenomation*

_____ *Surviving and Managing the Difficult Airway: A Hands On Survival Guide*

_____ **The Cough and the Thoracic Surgeon: An Esophagopleural Fistula Case Study*

_____ **Viral Myocarditis in Children*

_____ *Pediatric Rapid Cardiopulmonary Assessment for the Prehospital Provider*

_____ *Street Drugs: What's the Deal?*

_____ *Non-Invasive Ventilation in COPD and CHF*

_____ *Neonatal Resuscitation: Intubating the New born*

_____ *Hose, Fluid and Pump: Understanding and Managing Shock*

_____ **Weathering the Storm: Sympathetic Dysfunction after Traumatic Brain Injury*

Virginia Blood Services will be available to accommodate attendees who wish to donate blood. If you plan to donate blood, please check here.