



StatFlight R • O • C • C • S

Regional Outreach Critical Care Symposium

Tuesday November 12, 2013

Brownsburg Fire Department Training Center
Brownsburg, Indiana



GENERAL INFORMATION

Symposium Description

StatFlight is proud to announce our Fall Regional Outreach Critical Care Symposium for 2013. R.O.C.C.S. has been designed to provide information about new and innovative advances in EMS and to encourage discussion on current and future practices in the field and hospital environments. This symposium provides a comprehensive education experience through the use of lectures, hands-on and interactive sessions.

Additionally, R.O.C.C.S. provides a venue to interact and network with the medical community you serve. Prehospital providers, nurses, physicians, allied health care professionals and other emergency responders are invited to attend.

Registration

The registration fee is \$20.00. Fee includes continuing education hours, lunch and conference materials.

Deadline for registration is November 2, 2013.

No refunds after November 2, 2013.

On Site Registration: \$25.00 and subject to space availability

Registration Options

Mail Registration form and payment information to:

PHI Air Medical
Attn: Mark Hodges
945 Veterans Drive
Suite C
North Vernon, IN 47265
Fax: 812.346.4030

*For additional information contact:
Mark Hodges: mhodes@phihelico.com
Jeremy Utz: jutz@phihelico.com*

Conference Location

*Brownsburg Fire Department Training Center
470 East Northfield Drive
Brownsburg, Indiana 46112*

HOTEL INFORMATION PENDING

StatFlight



**St. Vincent
HEALTH**



PLEASE COMPLETE AND RETURN TO:

PHI Air Medical
Attn: Mark Hodges
945 Veterans Drive Suite C
North Vernon, IN 47265
Phone: 770-778-9149
Fax: 812.346.4030
E-mail: mhodges@phihelico.com

Registration ends November 2, 2013
(On-site Registration subject to space availability)

Name _____

Check all that apply:

- EMT EMT-P RN PA ARNP DO MD Other

EMS Agency/Hospital _____

Address _____

City / State / Zip _____

Preferred Contact Phone Number _____

Email Address (for registration confirmation and billing) _____

Payment Method: Credit Card Check

Credit Card payments require an e-mail address. You will receive an eBill via PayPal.
Credit card payments are subject to a \$2.00 convenience fee per registrant.

Amount Enclosed \$ _____ Check # _____ (payable to PHI Air Medical)

*We would like to express our appreciation to all the professionals who share our commitment to providing the best in patient care. We do not work in isolation and only together will we make a difference.
Thank you.*

StatFlight



St. Vincent
HEALTH

