

OhioHealth Grant Medical Center *presents*  
**The Ohio EMS Conference**

Monday May 19, 2014 8:45 AM-5:30 PM  
The Greater Columbus Convention Center

Registration 7:15-8:45 AM  
Walk-Ins are Welcome

FREE admission, continuing education credit, lunch, and more!

Keynote Presentations by:

Henry Wang, MD, MS University of Alabama  
Chief Rick Lasky Lewisville FD (Retired)  
Paul E Pepe, MD UT Southwestern Medical Center, City of Dallas Fire-Rescue

**Grant EMS Education Alumni Breakfast (7:30AM-8:30AM)**

for EMT and Paramedic school alumni, current students and staff of the Franklin County Firefighters/OhioHealth Grant Medical Center EMS Education program.

**The Ohio EMS Leadership Forum (10:25AM-4:10PM)**

for Chiefs, EMS Coordinators, EMS Officers, Training Officers, EMS Medical Directors, future leaders and other interested individuals.

For additional information, visit: [OhioHealthEMS.com](http://OhioHealthEMS.com)



**REGISTRATION**

Printed Name \_\_\_\_\_

Fire/EMS Department or Organization Name and County \_\_\_\_\_

Professional Title (Chief, Medical Director, EMS Coordinator, Paramedic, Charge Nurse, etc) \_\_\_\_\_

Professional Credentials (MD, DO, RN, EMT, PM, NRP, etc) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Last 4 digits of SSN (Required for CE Credit) \_\_\_\_\_

**What function(s) do you plan to attend?**

- The Ohio EMS Conference**
- Grant EMS Education Alumni Breakfast**  
for EMT and Paramedic school alumni, students and staff of the Franklin County Firefighters/OhioHealth Grant Medical Center EMS Education program.
- The Ohio EMS Leadership Forum**  
for Chiefs, EMS Coordinators, EMS Officers, Training Officers, EMS Medical Directors, future leaders and other interested individuals.

**Registrations should be received no later than May 12<sup>th</sup>.**

Fax completed registration form to (614) 566-8077, email as an attachment to [lifelink@ohiohealth.com](mailto:lifelink@ohiohealth.com) or mail to:

EMS Conference  
393 E Town St, Ste 214, Columbus OH 43215

I want to receive OhioHealth EMS information:

Yes (by mail) \_\_\_\_\_ Yes (by email) \_\_\_\_\_ Not Interested \_\_\_\_\_

**GRANT EMT and PARAMEDIC SCHOOL ALUMNI**

Are you a graduate of OhioHealth Grant Medical Center's EMT school?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, What year did you graduate? \_\_\_\_\_ Class # \_\_\_\_\_

Are you a graduate of OhioHealth Grant Medical Center's Paramedic school?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, What year did you graduate? \_\_\_\_\_ Class # \_\_\_\_\_