



777 High Street West Moose Jaw Saskatchewan S6H 1T7  
 (306) 694-2151 • (306) 692-0236 Fax • [www.ssfrc.ca](http://www.ssfrc.ca)  
 E-mail: [mmcnabb@moosejawems.ca](mailto:mmcnabb@moosejawems.ca)

**Registrant Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Name of Group/Organization Representing \_\_\_\_\_

Name of Health Represented \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

Preferred Method of Contact (check one)     Mailing Address     E-Mail Address

Daytime Phone (include area code) \_\_\_\_\_ Evening Phone (include area code) \_\_\_\_\_

Cellular (include area code) \_\_\_\_\_ Facsimile (include area code) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Registration Packages**    (Each registration includes one banquet and dance ticket, sessions and refreshment breaks)

<input type="checkbox"/> Early Bird Registration (before January 23, 2009)	No. _____ @ \$80.00/ea	=	\$ _____
<input type="checkbox"/> Standard Registration (after January 23, 2009)	No. _____ @ \$90.00/ea	=	\$ _____
<input type="checkbox"/> Extra Banquet (with Dance) Tickets (spouses/friends)	No. _____ @ \$25.00/ea	=	\$ _____
<input type="checkbox"/> Extra Dance Tickets (spouses/friends)	No. _____ @ \$10.00/ea	=	\$ _____

TOTAL = \$

**NOTE:**

- Fees are **NON-REFUNDABLE**
- Substitutions are permitted
- Please return/submit registration application to above address with cheques payable to "S.S.F.R.C.C."

**Sessions Available**

- |            |   |
|------------|---|
| Session 1  | Mechanical Aids to Breathing (O <sub>2</sub> Therapy Included)  |
| Session 2  | Spinal Immobilization   |
| Session 3  | Trauma Patient Assessment & Emergencies (Bleeds, Shock, Burns)  |
| Session 4  | Trauma Emergencies (Head, Chest, Abdomen, Fractures, Dislocations)  |
| Session 5  | Medical Patient Assessment & Emergencies (Heart Attack, Stoke, Diabetes, CHF, Overdose, Seizures, Vitals)               |
| Session 6  | Medical Emergencies (Respiratory, Smoke inhalation, Carbon Monoxide Poisoning, Drowning)                                |
| Session 7  | 'The Diabetic Patient' (Rick Smith)   |
| Session 8  | 'Ten Most Common Household Medications' (Bob Fenner)  |
| Session 9  | 'Sorting it All Out—Field Triage' (Tim Hillier)   |
| Session 10 | 'PED Spinal' (Pat Morris)   |
| Session 11 | 'Simulation and Role Play...The High-Tech Way' (Ken Exner)  |
| Session 12 | 'First Responding to a Collision: An Investigators Viewpoint (Dean Onyskevitch)   |
| Session 13 | Lifting and Moving (Stretcher, Scoop, KED, Portable Stretcher)<br><b>EMT's and PCP's (First Responders are Welcome)</b> |
| Session 14 | BVM, EPI-PEN, Inhalers, Blood Glucose and SpO <sub>2</sub><br><b>EMT's and PCP's (First Responders are Welcome)</b>     |

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## Session Selection

As some sessions have limited enrolment, please indicate your first, second and third session choices for each time block. (please check answers)

### Friday January 30<sup>th</sup>, 2009 (Evening)

Session 13 at 1900hrs	<input type="checkbox"/> Attending	<input type="checkbox"/> Not Attending
Session 14 at 2100hrs	<input type="checkbox"/> Attending	<input type="checkbox"/> Not Attending

### Saturday January 31, 2009 (Morning @ 0900hrs)

#### Sessions 1, 3, 5, and 7

1 <sup>st</sup> Choice:	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 5	<input type="checkbox"/> Session 7
2 <sup>nd</sup> Choice:	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 5	<input type="checkbox"/> Session 7
3 <sup>rd</sup> Choice:	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 5	<input type="checkbox"/> Session 7

### Saturday January 31, 2009 (Morning @ 1030hrs)

#### Sessions 2, 4, 6 and 8

1 <sup>st</sup> Choice:	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 4	<input type="checkbox"/> Session 6	<input type="checkbox"/> Session 8
2 <sup>nd</sup> Choice:	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 4	<input type="checkbox"/> Session 6	<input type="checkbox"/> Session 8
3 <sup>rd</sup> Choice:	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 4	<input type="checkbox"/> Session 6	<input type="checkbox"/> Session 8

### Saturday January 31, 2009 (Afternoon @ 1300hrs)

#### Sessions 1, 3, 5, and 9

1 <sup>st</sup> Choice:	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 5	<input type="checkbox"/> Session 9
2 <sup>nd</sup> Choice:	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 5	<input type="checkbox"/> Session 9
3 <sup>rd</sup> Choice:	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 5	<input type="checkbox"/> Session 9

### Sunday February 1, 2009 (Morning @ 0900hrs)

#### Sessions 2, 4, 6 and 10

1 <sup>st</sup> Choice:	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 4	<input type="checkbox"/> Session 6	<input type="checkbox"/> Session 10
2 <sup>nd</sup> Choice:	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 4	<input type="checkbox"/> Session 6	<input type="checkbox"/> Session 10
3 <sup>rd</sup> Choice:	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 4	<input type="checkbox"/> Session 6	<input type="checkbox"/> Session 10

### Sunday February 1, 2009 (Morning @ 1030hrs)

#### Sessions 1, 3, 5 and 11

1 <sup>st</sup> Choice:	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 5	<input type="checkbox"/> Session 11
2 <sup>nd</sup> Choice:	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 5	<input type="checkbox"/> Session 11
3 <sup>rd</sup> Choice:	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 5	<input type="checkbox"/> Session 11

### Sunday February 1, 2009 (Afternoon @ 1200hrs)

#### Sessions 2, 4, 6 and 12

1 <sup>st</sup> Choice:	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 4	<input type="checkbox"/> Session 6	<input type="checkbox"/> Session 12
2 <sup>nd</sup> Choice:	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 4	<input type="checkbox"/> Session 6	<input type="checkbox"/> Session 12
3 <sup>rd</sup> Choice:	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 4	<input type="checkbox"/> Session 6	<input type="checkbox"/> Session 12

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## Location of Conference

### Heritage Inn

1590 Main Street North  
Moose Jaw SK  
(306) 693-7550

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## Alternative Hotels for Reservations

 (All are short walking distances from Heritage Inn)

**Comfort Inn**  
155 Thater Drive West  
Moose Jaw SK  
(800) 228-5150  
(306) 692-8888

**Super 8 Motel**  
1706 Main Street North  
Moose Jaw SK  
(800) 800-8000  
(306) 692-8888

**Days Inn**  
1720 Main Street North  
Moose Jaw SK  
(800) 359-6279  
(306) 691-5777