

# 16th Annual First There First Care Conference

*In conjunction with*

**3<sup>rd</sup> Annual James Malcolm ALS Competition**

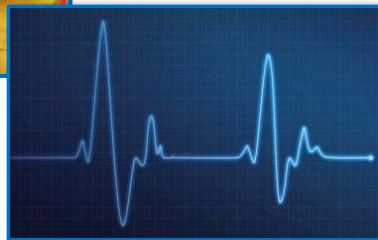
*and*

**Broward Invitational Extrication Competition**

**May 10 - 13, 2012**



***Leading Vendor Showcase!***



Don't be left fishing for CEU's or CME's to renew your licenses!



Conference \$50.00 per person  
Special Group & Student Rates Available  
ALS Competition Entry \$100 per team  
Extrication Competition \$200 per team  
(Registration includes lunch/snacks)

✓ **REGISTER EARLY FOR  
COMPETITION SPOTS**

***4 FULL DAYS of Education ~  
Competitions ~ Camaraderie!***

◆ **Thursday, May 10<sup>th</sup>**  
Educational Conference highlighting:  
Edward M. Racht, MD  
Mike McEvoy, PhD, NRP, RN, CCRN  
Darin Trelka, PhD, MD  
Plus a panel discussion of leaders in the  
emergency medicine arena!  
5 CEUs/CMEs offered

◆ **Friday, May 11<sup>th</sup>**  
ALS teams competing to be  
"THE BEST OF THE BEST"

◆ **Saturday, May 12<sup>th</sup> &  
Sunday, May 13<sup>th</sup>**  
Extrication teams competing using both  
hand and hydraulic tools in an exciting  
technical showdown

**Located at the International Game Fish  
Association and Bass Pro Shops  
Dania Beach, FL**

*Lodging available adjacent to  
conference/competition locations*



*Pride in Service with Integrity*



Contact [emsconference@broward.org](mailto:emsconference@broward.org) or visit [www.broward.org/browardems](http://www.broward.org/browardems) for more information.

## **First There First Care Conference Registration Form**

Attendee's Name (include Suffix): \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### **Registration Options (per person):**

\$50.00      Student rate \$30.00      Group: 10 or more \$35.00/per person\*

### **License/Certificate Information:**

Type:      EMT      Paramedic      RN      License Number: \_\_\_\_\_

\*Groups of ten (10) or more must complete page 2 of this form, listing all the attendee information.

\*\* Competitions teams are capped, so it is **“first come first served.”**

**\*\*\* Register early - Space limited! \*\*\***

**Please make the check payable to (mail check no later than April 25, 2012):**

**Fire Chiefs' Association of Broward County, Inc.  
Lauderhill Fire Rescue  
ATT: Chief Edward T. Curran  
1980 NW 56<sup>th</sup> Ave  
Lauderhill, FL 33313**

### **Extrication Competition:**

Visit [www.sheriff.org/extricationcompetition](http://www.sheriff.org/extricationcompetition) to register. Team spaces are limited so register early! Six people per team plus one alternate. Deadline is April 1<sup>st</sup>.

### **ALS Competition:**

To register, contact Frank Galgano, [fgalgano@citycollege.edu](mailto:fgalgano@citycollege.edu). Team spaces are limited so register early to hold your spot. Registration deadline is May 1<sup>st</sup>.

### **Electric Vehicle Extrication Class:**

Class will be held on May 11<sup>th</sup>, for more details contact Courtney Palmer at [courtney\\_palmer@sheriff.org](mailto:courtney_palmer@sheriff.org).

**Hotel Reservation Information:**

Courtyard Fort Lauderdale Airport & Cruise Port  
400 Gulf Stream Way,  
Dania Beach, FL, 33004-2124

Rates: **King bed - \$119.00 or Double beds - \$125.00** (subject to applicable state and local taxes). Rates apply from May 9, 2012 through May 13, 2012.

**METHOD OF RESERVATIONS** – Contact Marriott reservations at 1 (800) 321-2211 or (954) 342-8333 and use the code "FTT" or through the following links:

King bed: <http://www.marriott.com/hotels/travel/fllht-courtyard-fort-lauderdale-airport-and-cruise-port/?toDate=5/14/12&groupCode=ftftta&fromDate=5/9/12&app=resvlink>

Double bed: <http://www.marriott.com/hotels/travel/fllht-courtyard-fort-lauderdale-airport-and-cruise-port/?toDate=5/14/12&groupCode=ftfttb&fromDate=5/9/12&app=resvlink>

Reservations must be received on or before Tuesday, April 10, 2012 to get the above rates. All reservations must be accompanied by a first night room deposit or guaranteed with a major credit card.

**Department / Group Name:**

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	Name	State License Number (include EMT or PMD)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

(Use additional sheets for more staff attending for single agency)