

ADVANCED HAZMAT LIFE SUPPORT PROVIDER CLASS OCTOBER 27-28, 2016



Sponsored by the Department of Emergency Medicine and the Upstate NY Poison Center, Upstate Medical University. Syracuse, New York.
Co-sponsored by the Arizona Emergency Medicine Center and the American Academy of Toxicology,
Tucson, AZ.
ODP APPROVED
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HANDS-ON
MANAGEMENT
FOR
ADVANCED
HAZMAT
SCENARIOS USING
HIGH-FIDELITY
HUMAN
SIMULATORS

Meeting & Contact Information:

Upstate Medical University
Department of Emergency
Medicine, EMSTAT Center
550 E. Genesee St., Ste. 103
Syracuse, NY 13202
Contact: Rose More
315-464-6197
Fax 315-464-1863
e-mail: morer@upstate.edu
www.upstate.edu/emergency

REGISTRATION FEE: \$535.00

**Registration deadline and payment due by October 3, 2016 **On-Line Registration required

**On-Line Registration required at www.ahls.org

**(register on-line & complete this registration form)

Check payable to: *Upstate Emergency Medicine Inc.*Mail to: Upstate Medical University Department of Emergency Medicine, EM-STAT Center, 550 E. Genesee St., Ste 103
Syracuse, NY 13202

(\$50.00 cancelation fee if canceled by 10/13/16, no refund will be issued after this date)

Are you prepared?

Poisons, chemical spills, dirty bombs – these are real threats in today's hazardous world. The medical treatment of people exposed to toxic substances requires specialized knowledge and skills. Hospital and pre-hospital personnel need to be able to rapidly recognize the symptoms of exposure to particular toxic substances and immediately give specific antidotes or other appropriate medical treatment. Advanced HAZMAT Life Support TM(AHLSTM) is the first and most comprehensive training program to provide medical professionals the critical skills necessary to effectively manage all aspects of hazmat exposure.

Only the best trained and best educated medical professionals are prepared to handle any emergency situation anytime, anywhere. Become a verified AHLS Provider and be ready to face the medical challenges of hazmat incidents, such as chemical spills or bio-logical attacks.

Who should attend?

Physicians, Physician Assistants, Nurses Nurse Practitioners, Toxicologists, Paramedics,
Pharmacists, Military Personnel and Other Healthcare

(please print) Last Name First Name		
MD , DO ,Pharm.D.,RPh, PA , NP , RN , LPN, EMT-P , Other		
Home /Work Address		
City State	Zip:	
Work Phone Home/Cell Phone		_
E-mail		_
Please indicate method of payment:check payable to: Upstate Emergency Medicine Inc.		
VisaMaster Card		
Credit Card #	Exp Date	CRV #
Signature		
Name as it appears on Credit Card (print)		
Credit Card Billing Address: Name:	sa	me as registrant
Address	sa	ame as registrant
CityState	Zip:	-