



the difficult airway course™ EMS



Thursday/Friday

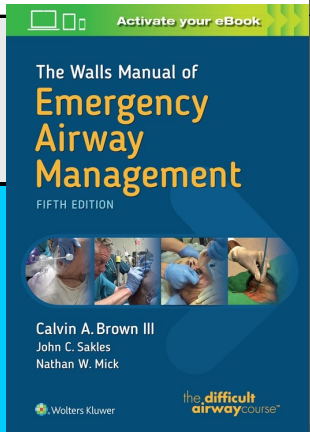
April 11-12 2019
(MUST ATTEND BOTH DAYS)

9:00am - 5:00pm

This course will be held at the Capital Health EMS Training Center, located at:
832 Brunswick Ave., 2nd Floor, Trenton, NJ 08638-3847.
Parking information will be included in the pre-course packet.

Course costs:

Approved Capital Health EMS Employees/Students **FREE!!!**



The required textbook for this class is:
The Walls Manual Of Emergency Airway Management
Fifth Edition

A limited number of these books are available to borrow from the
Life Support Education Center
Or, you may purchase the print book for \$65 (also includes e-book) or e-book alone for \$30

Attention Capital Health EMS Employees attending class at no charge:
Please be advised that registration for class constitutes acceptance of a work shift. Course cancellations outside of policy may result in performance and/or disciplinary consequences.

To Register: This form is designed to be paperless. Fill out the form, save it, then e-mail it as an attachment to:
EMSEducation@CapitalHealth.org

Completed form must be received before registration is finalized.
Printed forms may be mailed or dropped off to the EMSTC at:
832 Brunswick Ave., 2nd Floor, Trenton, NJ 08638-3847

NO PHONE OR FAX REGISTRATIONS WILL BE ACCEPTED!

Questions? Contact the EMS Training office at (609) 815-7291 or at the e-mail address above.

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NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Primary Phone _____ E-mail _____

Approved Capital Health Employees ONLY

Emp. ID# _____ Mgr. Name: _____ Manager Sign _____

REGISTRATIONS WILL CLOSE 7 DAYS PRIOR TO COURSE DATE.
REGISTRATIONS BY MAIL MUST BE POST-MARKED NO LESS THAN 7DAYS PRIOR TO COURSE DATE.
SUBSTITUTIONS ACCEPTED.
PLEASE BE PROMPT, PARTICIPANTS ARRIVING MORE THAN 15 MINUTES LATE WILL BE DENIED ENTRY.

APPLICANT SIGNATURE _____ **DATE** _____

OFFICE USE ONLY: Date Received ____ / ____ / ____ Packet Sent ____ / ____ / ____

DAC: EMS - April 11-12, 2019