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## fundamentals of **airway management**<sup>™</sup>



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	Frida	ı <b>y</b>	<b>February 15, 2019</b> (MUST ATTEND BOTH DAY		5:00pm		
This course will be held at the <u>Capital Health EMS Training Center</u> , located at: <b>832 Brunswick Ave., 2nd Floor, Trenton, NJ 08638-3847.</b> Parking information will be included in the pre-course packet.							
Course costs:							
Appr		•	Ith EMS Employees/Students rvisor approval is mandatory)	FREE!!!			
develop airway skills, and provide the knowledge and practice needed to assist paramedics and advanced providers with airway procedures   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: <u>EMSEducation@CapitalHealth.org</u>							
Completed form must be received before registration is finalized. Printed forms may be mailed or dropped off to the EMS TC at:							
832 Brunswick Ave., 2nd Floor, Trenton, NJ 08638-3847							
NO PHONE OR FAX REGISTRATIONS WILL BE ACCEPTED!							
<u>Ques</u>	tions?	Contact the	EMS Training Center office at (609) 815-7291 or at	t the e-mail address above.			
٨	NAME						
A	ADDRES	S	CITY	STATE	ZIP		
			 E-mail				
R			***Approved Capital Health Employ	/ees ONLY***			
W	Emp. ID#_		Mgr. Name:				
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.							
Y	APPLICA	NT SIGNATL	JRE	DATE			
	<u>OFFICE U</u> FAM:	ISE ONLY:	Date Received / / / Pa	acket Sent//			