



7 C.E. hours by the CA Board of Registered Nursing, BRN Provider #13574 and EMT & EMT-P, Provider #94-0001.

C.E. Certificates will be issued upon submittal of the written test and evaluation form on the day of the conference.



EMS Authority  
1930 9th Street  
Sacramento, CA 95811

12th Annual EMS  
for Children  
Conference

"Toddlers to Teens and  
Everything in Between"  
November 12, 2009

Sheraton Grand  
Hotel  
Sacramento, CA

Sponsored by the State of California EMS Authority. Made possible through a grant from the HRSA/MCHB. For more information visit the EMS Authority's website after July 1, 2009:

[www.emsa.ca.gov](http://www.emsa.ca.gov)

# 12th Annual EMS for Children Conference

## "Toddlers to Teens and Everything in Between"

### Tentative Topics will include:

Crime Scene Investigation

Sports Injuries

Traumatic Brain Injury

Pediatric Asthma

Piercing & Tattoos

Animal Bites

Adolescent High Risk Behaviors

This conference is directed  
towards prehospital personnel and  
emergency medicine.

### Registration Fees

Conference ..... \$ 75.00  
Late Fee ..... \$ 25.00  
(after October 12, 2009)  
On-Site Registration..... \$100.00

Continental breakfast and lunch will  
be provided.

**Registration cost has been reduced  
due to the parking fee. Parking will  
be available at 900 13th Street,  
across from the hotel, at a  
discounted rate of \$12/day.**

### Limited Conference Scholarships

Available for participants from  
rural areas. Includes tuition and one  
night hotel expense. Apply by  
October 1, 2009. To apply  
contact Sandy Salaber at  
(916) 322-4336, extension 423.

To receive a registration packet  
please complete this form and  
either fax, mail, or e-mail to the  
EMS Authority. Registration  
packet will be on our website,  
[www.emsa.ca.gov](http://www.emsa.ca.gov), July 1, 2009.

Emergency Medical Services Authority  
1930 9th Street  
Sacramento, CA 95811  
Attention: Sandy Salaber

Phone: (916) 322-4336, ext. 423  
FAX: (916) 324-2875  
E-mail: [ssalaber@emsa.ca.gov](mailto:ssalaber@emsa.ca.gov)

Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

License #

- EMT  
 Paramedic  
 Nurse