

10th ANNUAL PREPAREDNESS PRACTICUM 2012

Lessons Learned From Recent Incidents...



**Wednesday,
February 22, 2012**
Earle Brown Heritage Center
Brooklyn Center, MN

Topics Will Include:

- **Mass Notification Best Practices**
- **Joplin to Minneapolis a season of terrifying tornados**
- **Preparing for Pediatric Patients – case study and best practices**

This activity is planned for:

Physicians, Nurses, EMS Personnel, Public Safety, Local and State Health Departments, Clinics and Long Term Care Facilities, Behavioral Health Personnel, Chaplains, Emergency Managers, Homeland Security Emergency Management

Sponsored by:

Hennepin County Medical Center

in partnership with the Metro Healthcare System Preparedness Program



Hennepin County Medical Center

10th ANNUAL PREPAREDNESS PRACTICUM 2012 LESSONS LEARNED AND LOCAL PREPAREDNESS

REGISTRATION FORM

Mail or fax registration by 2/17/12 • After 2/17/2012 call number listed below

Please type or PRINT clearly. The information that you provide will be duplicated for course materials, including your name badge and certificate of attendance.

LAST NAME / FIRST NAME _____ EDUCATIONAL DEGREE/PROFESSIONAL CERTIFICATION _____

NAME OF YOUR ORGANIZATION _____

YOUR ROLE/JOB TITLE/POSITION _____

PREFERRED MAILING ADDRESS (check one) Home Business Address _____

CITY / STATE / ZIP CODE _____

DAYTIME TELEPHONE NUMBER _____ FAX NUMBER _____

_____ @ _____
(REQUIRED) YOUR EMAIL ADDRESS: DO NOT give your e-mail address as contact information for another person. If you are registering a person other than yourself for the conference, you must provide their e-mail address. Thanks!

SPECIAL NEEDS

Please advise us of any special needs that you may have regarding access, hearing, dietary, etc. We will do our best to accommodate your needs.

REGISTRATION FEE: \$50.00 **PHYSICIANS: \$75.00**

Fees include: tuition, course materials, certificate, lunch and refreshments.

PAYMENT METHOD

CHECK* *Make checks payable to "HCMC-Emergency Preparedness"

CREDIT CARD PAYMENTS VISA MasterCard

For your convenience, credit card registrations may be FAXED to 612-630-8271.

Name EXACTLY as appears on credit card _____

Credit Card Number _____ Exp. Date _____ Security Code on back of CC _____

Be advised that following the conference all credit card information is destroyed. Your information is secured during the time that we have it.

Purchase Order** **You must include the PO # _____

Contact person for billing:

Name _____ Telephone: _____

Address: _____

Email: _____

MAIL OR FAX
registration form by
2/17/2012
after 2/17/2012
call number listed below

Cancellation / Substitution Policy: Payment must accompany registration form. Registration will remain open, based on availability. Should you need to cancel, please contact us no later than February 17, 2012– A \$15.00 cancellation fee will apply. Sorry, no refunds will be made after February 17, 2012.

Mail this form with payment to:

Mary Maas, Hennepin County Medical Center, Emergency Preparedness

701 Park Avenue, Mail Code RL, Minneapolis, MN 55415

Telephone: 612-873-8729 Fax: 612-630-8271 — E-Mail: mary.maas@hcmcd.org

Questions about the conference or registration can be directed to: mary.maas@hcmcd.org

Questions about being a vendor contact Chris Chell at 612-873-3360 or christine.chell@hcmcd.org