

# Preconference Class

**Submissions must be received electronically by  
February 26, 2016**



Please complete one form for each class, and click the "Submit" button below to send your form by email to [education@tex-ems.com](mailto:education@tex-ems.com). Red boxes indicate required fields. Use separate forms for One-Hour Lectures and Hands-On Specialty Workshops.

**Class title**

**Length of class, in hours**

**Maximum number of students**

**Please provide a paragraph that describes your class.**

**Please list four knowledge-based objectives for your class.**

**CE category** (choose any that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Airway                        | <input type="checkbox"/> Patient assessment | <input type="checkbox"/> Special Considerations |
| <input type="checkbox"/> Clinically related operations | <input type="checkbox"/> Pediatric          | <input type="checkbox"/> Trauma                 |
| <input type="checkbox"/> Medical                       | <input type="checkbox"/> Preparatory        |   |

**Please choose one of the following options for estimating the cost requirements for your class:**

Option 1. Total presenter and assistant fees  Cost of supplies or other costs  Price (per student) of books, cards, etc. (if needed)

**—or—**

Option 2. Total cost per student

Will books, cards, or other materials be ordered in advance?  YES  NO

Will handouts be printed?  YES  NO

If yes to either, who will handle orders?  Presenter  Texas EMS Conference

Do you need volunteers to act as "patients," etc.?  YES  NO If yes, how many?

Will you be bringing specialty equipment for this workshop?  YES  NO

Do you need storage or set-up assistance?  YES  NO

**If yes to either, please describe**

All preconference class rooms will be set with classroom-style tables and chairs.

Please indicate additional needs:

open demonstration area  skill station with two tables  If yes, how many skill stations?

**If other, please describe**

Texas EMS Conference will not provide equipment other than the audio-visual materials listed below. **We DO NOT provide computers.** Each presenter is required to provide his or her own laptop. Due to cost internet access **IS NOT** provided in the meeting room.

**Provided equipment:** LCD projector, audio connection for computer, lapel microphone for each presenter

**Please indicate additional needs:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Easel w/ flipchart | <input type="checkbox"/> Panel table w/ 1 mic per 2 people | <input type="checkbox"/> White board        |
| <input type="checkbox"/> Wireless mouse     |  | <input type="checkbox"/> Extra power strips |
| <input type="checkbox"/> Fixed microphone   | Other  | <input type="text"/>                        |

**Lead Presenter**

First name	<input type="text"/>	Last name	<input type="text"/>	Credentials	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>				
Employer / affiliation	<input type="text"/>						

Will there be co-presenters / assistants?  YES  NO  
Will co-presenters / assistants be paid?  YES  NO

Please provide contact and payment information for each co-presenter or assistant. If you chose option 1 to estimate cost requirements, be sure to include all honoraria/fees in the total presenter fees box.

**Co-Presenter**

First name	<input type="text"/>	Last name	<input type="text"/>	Credentials	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>				
Amount to be paid	<input type="text"/>						

**Co-Presenter**

First name	<input type="text"/>	Last name	<input type="text"/>	Credentials	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>				
Amount to be paid	<input type="text"/>						

**Additional co-presenters' contact and payment info**

Please provide a short paragraph (150 words or less) about the presenter's and co-presenters' education and experience for the conference program.

**Presenter**

**Co-presenter**

