

SAVE THE DATE / Early Bird Registration Form



Chapter 3 Conference
Illinois Society for Respiratory Care
November 11, 2016 8:30am to 4:30pm

Respiratory Care Conference
Adult Critical Care Update
Decatur Memorial Hospital Classroom Complex



6 CRCEs Respiratory Therapists (pending approval)

CONFERENCE LINEUP

Post ICU Syndrome
ABCDE Bundle : Improving Outcomes for Ventilated Patients
The Art of Nebulization
Ventilator Weaning and Modalities
Point of Care Testing – “Why Knowing Now Matters”
COPD Co-Morbidities; Causative or Coincidental?

Online registration: www.isrc.org

Full Name: _____ Credentials _____

Hospital / Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone: (_____) _____ AARC Member Number _____ Email: _____

Registration Fees Includes continental breakfast and lunch.

PLEASE CHECK APPROPRIATE REGISTRATION FEE:

- | | |
|--|--|
| AARC Member | <input type="checkbox"/> \$75 |
| 1 yr AARC Membership + Conference Registration | <input type="checkbox"/> \$160 *** Special Discounted Price*** |
| Nonmember | <input type="checkbox"/> \$90 |
| Student | <input type="checkbox"/> \$25 |
| Vendor | <input type="checkbox"/> \$120 |

Cancellations/Changes and Refunds: Fees will be refunded, less a \$20.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than October 28, 2016. After that date, fees are non-refundable. All refunds will be processed after the conference. *Substitutions are allowed at no charge - if you cannot attend, please send a colleague in your place.*

PAYMENT METHOD Check or Money Order must be in U.S. funds payable to: **ISRC**. There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be E-mailed. Online registration at www.isrc.org.

Please check appropriate box: Check Money Order VISA MasterCard Expiration Date: _____

Card #: _____ Print Cardholder Name: _____

Please mail or fax completed registration form with payment to:

Phone: (217) 876-4317

FAX: (217) 876-4319

Email: shigar@dmhhs.org

2016 ISRC Conference

Sarah Higar, RRT-NPS, Respiratory Care Dept

Decatur Memorial Hospital

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