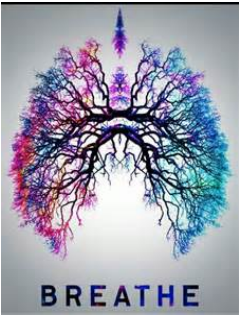


## SAVE THE DATE / Registration Form



Chapter 4 Conference  
Illinois Society for Respiratory Care  
December 2nd, 2016 7:30am to 4:30pm

Neonatal/Pediatric Conference  
Coles County Council on Aging (Lifespan Center)  
11021 E County Road 800 N. Charleston, IL 61920



6 CRCEs Respiratory Therapists / 6 CE's Nurses  
(pending approval)

## CONFERENCE LINEUP

**High Velocity Therapy in Neonatal & Pediatric Patients**  
**Airway Emergencies: Croup vs Epiglottitis vs Anaphylaxis**  
**Asthma Management in Pediatrics**  
**Pediatric BiPAP**  
**Pediatric Organ Donation**  
**Aerosol Therapy Challenges in Infants and Children**

Online registration: [www.isrc.org](http://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 November 20, 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](http://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) 238-3522

FAX: (217) 258-2499

Email [jdeters@sblhs.org](mailto:jdeters@sblhs.org)

2016 Neo/Peds ISRC Conference  
Jody Deters, BS RRT-NPS, Resp. Therapy Dept  
Sarah Bush Lincoln Health Center  
1000 Health Center Dr. Mattoon, IL 61938