

The 33rd Annual UHS EMS/Emergency Medicine/Trauma Teaching Day

SATURDAY, MARCH 29th, 2025 | 8:00 am to 3:30 pm

8:00 AM
Registration and Continental Breakfast

10:30 - 11:30 AM
"Blood Products"
Shane O'Donnell, Paramedic

8:30 - 8:45 AM
Announcements/Welcome

11:30 - 12:30 PM
Lunch
Grand Riverside Ballroom

8:45 - 9:00 AM
UHS Stroke Team

12:30 - 1:30 PM

UHS Stroke Program
Sumeet Multani, MD

"Unpacking Hemodynamics"
Rich Mosher, Paramedic
Educator LifeNet NY

9:00 - 10:00 AM

KEYNOTE SPEAKER

Christopher Engler, DO
UHS Trauma/Critical Care, General Surgery

1:30 - 2:30 PM
"Video Scopes"
Shane O'Donnell, Paramedic

10:00 - 10:30 AM
Morning Break

2:30 - 3:30 PM
"The Forgotten Vital Signs"
Rich Mosher, Paramedic

CME/CEU CREDIT: The Susquehanna Regional EMS Council-REMAC has designated eight hours of CME for this event. RN CEUs will be granted by UHS as well.

INTENDED AUDIENCE: Our speakers will be addressing topics related to trauma and emergency medical care. EMS providers, nurses, physicians, and allied health professionals will benefit from this exciting opportunity.

EMS/Emergency Medicine/Trauma Teaching Day

Saturday, March 29, 2025 · 8:00 a.m. - 3:30 p.m.
DoubleTree by Hilton Hotel & Conference Center
225 Water St, Binghamton, NY 13901
UHS Wilson Medical Center is a NYS-DOH
Designated Trauma Center and Stroke Center



REGISTER ONLINE

www.nyuhsems.org

UHS 33rd Annual EMS/Emergency
Medicine/Trauma Teaching Day

REGISTER ONLINE at
www.nyuhsems.org



**Emergency &
Trauma Services**

or mail/fax this form with payment to:

Lorin Missavage, c/o UHS Emergency & Trauma Services
33-57 Harrison Street, Johnson City, NY 13790

REGISTRATION (* : Required Field, Please Print Legibly):

* Name _____

* Title/Profession/Position _____

* Organization/Affiliation _____

* Unit/Department _____

* Phone _____ * Email _____

Address _____

City _____ State _____ Zip _____

Registration:

\$50.00

**Be sure to register by
Thursday, March 27, 2025**

Registration Amount: \$ _____

METHOD OF PAYMENT:

- Check enclosed:** (Make checks payable to:
UHS Emergency Medicine Revenue Account)
- Charge to my credit card:**
 Visa Mastercard Discover AmEX

Account #: _____ Exp. Date: _____

Security Code: _____
Signature: _____

Payment for UHS employee:

I have authorized the registrant to attend this Teaching Day as a UHS employee. I authorize
UHS to bill my: _____ for \$ _____

Cost Center Account No. _____

Mgr. Signature _____

Unit/Extension _____

Mgr. Name Printed _____

*For more information or special dietary needs, contact Lorin at
(607) 763-6311 or Lorin.Missavage@nyuhsems.org before March 27, 2025*