



**EMMCO West Inc.**  
Northwestern PA Regional EMS Council

## Symposium 2019 Call for Speakers

### Presentation Information

*\*Please complete and submit by October 15th 2018 to - [education@emmco.org](mailto:education@emmco.org)*

Course Title

PA EMS CE Category

Clinical  
Patient Care  
Other

Please provide a description of the course you are proposing.

Please provide a list of educational objectives for the course.

PA EMS Course #

Course Expiration Date

Syllabus / Course Outline  
attached

Will you be submitting this new course application for PA EMS  
Con Ed approval?

Yes

Yes, I am affiliated with an approved PA EMS CE

No

Sponsor

No, I am not affiliated with an approved PA EMS CE  
sponsor

What are your Audio - Visual needs for the presentation?

Projector / screen

Laptop Computer

Other (please use general comments area)

Do you need Simulation Manikins or supplies?

Yes, (please use general comments area)

No

General comments about the course

---

## ***Presenter Information***

First Name:

Last Name:

Title:

Primary Phone:

E-mail Address:

## ***EMS Affiliation***

Company or Organization Name:

Company web address:

Street address:

City:

State:

Zip code:

---

## **Important Information**

**Will you require an Honorarium?**

Yes, I will e-mail the details

No, I do not require an honorarium

**Will you Require?**

Hotel Accommodations

Travel Expenses

Other (please contact EMMCO West with Details)

The Symposium 2019 Committee will review all presentations for inclusion for this event. Please remember to e-mail all pertinent information you wish to be included in our review.

***If you have any questions please contact EMMCO West Inc. at  
814-337-5380***