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Being that the Ohio Association of Emergency medical Services is a Not For Profit organization, it shall be understood that you, as a speaker are volunteering your time and talents to our association. However, if you require reimbursement for your services, please list below what those requirements are and we will contact you to discuss your needs. Please sign and date the packet and return it to:

**Pat Roberts**  
**Vice Pres. - OAEMS**  
**4033 Springfield – Xenia Road**  
**Springfield, Ohio 45506**

**-or-**

**Scan and E-mail completed packet to:**

**[PMEDICPAT@AOL.COM](mailto:PMEDICPAT@AOL.COM)**

(If E-mailed, you are asked to bring the signed original to the conference for our records in the event of an audit)

If you are being sponsored by an organization or company and they are covering all costs associated with your appearance, please state the name of the organization or company, a contact person and the phone number of the contact person on the space provided below. If you do not know the specific contact person, please indicate that as well. If funding was secured by the Ohio Association of Emergency medical Services, on your behalf, then leave the below area blank and we will fill it in.

**Primary Sponsor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / State / Zip Code:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #:(\_\_\_\_\_)** \_\_\_\_\_ **Ext** \_\_\_\_\_

**Additional Sponsor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / State / Zip Code:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #:(\_\_\_\_\_)** \_\_\_\_\_ **Ext** \_\_\_\_\_

**Speaker's Name (please print):** \_\_\_\_\_

**Speaker's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(4)

**Audio / Visual Equipment Needs**

Please indicate what, if any, audio / visual aids you will need for your presentation on  
Jan 18, 2007 for Geriatrics:  
(Date) (Topic)

SLIDE PROJECTOR(S)	_____	Yes	_____	No	_____	Quantity
MOVIE PROJECTOR(S)	_____	Yes	_____	No	_____	Quantity
SCREEN(S)	_____	Yes	_____	No	_____	Quantity
HAND HELD MIC(S)	_____	Yes	_____	No	_____	Quantity
LAPEL MIC(S)	_____	Yes	_____	No	_____	Quantity

HAND OUTS: Please return a master copy, we will reproduce them and have them at the conference for you

Other (s) (specify): I will use LCD projector in classroom provided \_\_\_\_\_ Quantity

\_\_\_\_\_ Quantity

\_\_\_\_\_ Quantity

**PLEASE NOTE**

Since we are a not for profit organization, the following items are cost prohibitive and may not be available for your use. We will make every effort to secure these items, but cannot guarantee their availability. We apologize for this inconvenience.

- VCR / DVD/ CD Player(s)
- Televisions(s)
- Computer(s)
- Laser Pointer(s)

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(2)

- **Class / Presentation Objectives:**
- **Review the aging process and how it affects major body systems and organs**
- **By case study review, identify important assessment findings in the elderly**
- **By case study review, identify the major traumatic and medical conditions in the elderly**
- **Discuss the psycho-social aspects of aging**
- **Based on a patient interview, discuss "Quality of Life" issues**

Additional Information: God-willing, assisting with the presentation will be the speaker's Mother, Myrtle McClintock, RN, celebrating her 89<sup>th</sup> birthday during conference weekend.

(3)

May we contact you for future conferences: Yes  No

If 'Yes', are there other topics / subjects you would feel comfortable speaking on? Please list:

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**The OHIO ASSOCIATION of EMERGENCY MEDICAL SERVICES**

**Speaker Information Packet**

(Additional Packets are available at [WWW.OAEMS. Org](http://WWW.OAEMS.Org))

**The following information concerning your presentation is needed to provide C. E. U.' s for the conference attendees. Portions of the information are used to properly identify you in the course brochure as well. Please complete and return the following information at your earliest possible convenience.**

**Please Print or Type**

Speaker's Name:     Bonnie Stich    

Contact Address: Stark State College 6200 Frank Ave. NW

City, state, Zip Code:     North Canton, OH 44720    

Home Phone # (  330  ) 305-6633 #3 Other Phone #   330-494-6170   Ext.4724      W    x    C   

Education: RN; NREMT-P; Aultman Hospital and Stark County Paramedic Program

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Current Position:   EMS Coordinator at Stark State College, Department of Emergency Services  

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