STRIVE TO REVIVE
IMPROVING NEONATAL AND PEDIATRIC RESUSCITATION AND EMERGENCY CARDIOVASCULAR CARE

EXHIBITOR PROSPECTUS

THE DIFFERENCE BETWEEN ADULT AND PEDIATRIC RESUSCITATION IS MORE THAN A MATTER OF SIZE.

Thursday, June 9, 2016
7:45am – 4:00pm • registration at 7:00am
Columbus Marriott Northwest l 5605 Blazer Parkway l Dublin, OH 43017

For more details visit www.heart.org/GRArEsus
Dear Colleague:

The American Heart Association/American Stroke Association respectfully requests your support of the Strive to Revive: Improving Neonatal and Pediatric Resuscitation and Emergency Cardiovascular Care conference. We invite you to join us on Thursday, June 9, 2016, 7 a.m. - 4 p.m. at the Columbus Marriott Northwest, 5065 Blazer Parkway Dublin, Ohio 43017.

Our Target Audience will consist of hospital clinicians and medical professionals with an interest in neonatal and pediatric resuscitation – including physicians, nurses and nurse practitioners, respiratory therapists, rapid response, resuscitation and code team members, Emergency Medical Technicians, paramedics, quality improvement staff, administrators and other hospital based staff that interface with emergency response in their facility.

Vinay Nadkarni, MD, MS, FCCM, FERC, FAHA will be the conference keynote speaker. Dr. Nadkarni is a professor and endowed chair of Pediatric Critical Care Medicine and Associate Director of the Center for Resuscitation Science at the University of Pennsylvania Perelman School of Medicine.

Conference topics of discussion will include:

- Trends in High Quality CPR
- Improving Code Team Dynamics
- Code Debriefing: Improving Quality of Care Through Structured Review
- Ethical Aspects of CPR and ECC
- In-Hospital Track
  - Code Team Training and Assessment: Best Practices from the Floor
  - NRP vs PALS
  - A Hub and Spoke Model for Pediatric Critical Care
- Out-of-Hospital Track
  - Are Kids Just Little Adults? Reducing Fear in EMS Around Treating Pediatric Patients
  - Resuscitating the Drowning Victim and other Environmental Emergencies
  - Pediatric Toxicology for EMS Providers
- Simulation Workshops

To participate in the Strive to Revive: Improving Neonatal and Pediatric Resuscitation and Emergency Cardiovascular Care conference, please complete the commitment form on the last page of the prospectus, including signature, scan and email it to the contact listed on the form. Your financial support is essential to the American Heart Association/American Stroke Association mission of building healthier lives, free of cardiovascular diseases and stroke. We look forward to partnering with you as we continue in our effort to provide quality professional Neonatal and Pediatric Resuscitation and Emergency Cardiovascular Care education.

The difference between adult and pediatric resuscitation is more than a matter of size.

For more details visit www.heart.org/GRAresus
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PLANNING COMMITTEE

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Cincinnati Children’s Hospital Medical Center

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Pediatric ICU
Cleveland Clinic
EXHIBITOR COMMITMENT FORM

Exhibitor Contact Information:

Name: ____________________________________________ Title: ____________________________________________

Company: _______________________________________ Local Address: _______________________________________

City: __________________________ State: ________ Zip: ________ Phone: ________________________________

Fax: __________________________ Email: ______________________________________________________________

My company plans on attending the conference (please indicate how many representatives will attend): _______________

Please avoid space assignment adjacent to the following companies: __________________________________________

Date of payment will be received by American Heart Association: __________________________________________

Booth Needs: _____ Internet _____ Electricity (Exhibitors are asked to supply their own extension cords/power strips)

Method of Payment for $500 Exhibitor Fee:

_____ Check Enclosed (Please make all checks payable to American Heart Association. The American Heart Association’s Tax ID # is 13-5613797)

_____ Email invoice to contact listed above. _____ Mail invoice to contact listed above.

_____ Credit Card: _____ American Express _____ Master Card _____ Visa

__________________________________________________________________________________

Credit card #: ______________________ Exp. Date: ________ Sec. Code (back of card) ______________

Card Holder Name – Please print name exactly as it appears on credit card

I cannot attend, but would like to make a donation of $___________________________

My signature* indicates authorization to make this commitment on behalf of the company

*Typed name may serve as an electronic signature.

Today’s Date

Please scan/fax this completed Exhibitor Commitment Form to:

Gabrielle Dinkin, Administrative Associate, Quality and Systems Improvement
American Heart Association/American Stroke Association
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