

Strive to
REVIVE

20
19



American Heart Association.
Get with the Guidelines.
Resuscitation

Where Are We Going With Cardiac Arrest?

Exhibitor Prospectus

Presented by:
American Heart Association/
American Stroke Association
Great Rivers Affiliate

Friday, March 8, 2019
8:00 a.m. – 4:00 p.m. EST
Griffin Gate Marriott Resort
1800 Newtown Pike
Lexington, KY 40511



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Planning Committee

Planning Committee Chair:

Walter Lubbers, MD

Assistant Professor of Emergency Medicine

University of Kentucky Albert B. Chandler Hospital

Regan Baum, PharmD

Pharmacist

University of Kentucky, Chandler Medical Center

Les Fryman, NREMT-P

Captain/ Paramedic. HazMat Specialist/ EMS Training Co-ordinator

Lexington Division of Fire & EMS

Shari Fullenlove- Cook, RT

Department Manager

University of Kentucky Chandler Medical Center

Patricia Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN

Director, Emergency Services

University of Kentucky Healthcare

Sherry Kospers, RN, BSN

Nurse

University of Kentucky Albert B. Chandler Hospital

Matt Ward, MBS, EMTP

Clinical Manager

University of Kentucky Healthcare



Dear Colleague:

The American Heart Association/American Stroke Association respectfully requests your support of our **2019 Kentucky Strive To Revive Conference: Where Are We Going With Cardiac Arrest?** The Great Rivers Affiliate will host this event on Friday, March 8, 2019 at The Griffin Gate Marriott Resort & Spa (1800 Newtown Pike, Lexington, KY 40511). Exhibitor opportunities are available.

As the lead facilitator of stroke care across the continuum, the Stroke Coordinator collaborates with stroke team members using evidence-based practice to organize and deliver stroke services and facilitate optimal outcomes for stroke patients. This educational activity is designed to enhance the skills of the stroke coordinator, provide best practices for improving stroke care and promote networking with professionals across the region.

Target Audience:

Hospital and out of hospital clinicians and medical professionals with an interest in resuscitation, such as:

- Emergency Medicine Physicians, Nurses and Advanced Care Providers
- Cardiologists, Internal Medicine, Family Medicine, Surgeons, Anesthesiologists, Hospitalists and Critical Care Specialists
- Critical Care Nurses and Advanced Care Providers
- MET, RRT, Resuscitation & Code Team members
- Resuscitation educators and CPR instructors
- EMS Providers and First Responders
- Quality Improvement Staff
- Administrators and other hospital-based staff that interface with emergency response in their facility

The following pages contain more information regarding the Resus Conference. If you feel that your company would be interested in a territory other than those identified, or you are not the correct contact, please forward this document to the appropriate representative for review.

Your financial support is essential to the American Heart Association/American Stroke Association and our mission to focus continuing professional education programs on emerging research and improvement of clinical competence, as well as performance and enhanced patient outcomes for the prevention, diagnosis and management of cardiovascular disease and stroke.

To participate in this workshop, **please** complete the commitment form (last page of the prospectus), including your signature, then scan and email it to the staff person listed on the form. For additional information on the upcoming conferences and exhibitor opportunities please contact us. We look forward to partnering with you as we continue in our effort to provide quality professional education within our regions.

Sincerely:

Gabrielle Dinkin

Gabrielle.dinkin@heart.org



Where Are We Going With Cardiac Arrest?

Friday, March 8, 2019

Exhibitor Commitment Form

Exhibitor Contact Information:

Name: _____ Title: _____

Company: _____ Local Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Email: _____

Signature: _____ Date: _____

My company plans on attending the luncheon (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: _____

Method of Payment for \$750 Exhibitor Fee:

___ Check Enclosed (Please make all checks payable to **American Heart Association**, 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

My signature* indicates authorization to make this commitment on behalf of the company. Today's Date

**Please scan/fax this completed Commitment Form to: Gabrielle Dinkin
Gabrielle.dinkin@heart.org or Fax: 215-575-5224**