

Southeastern Chapter Inc.
of the NYSSRC



PRESENTING

*The 41st Annual
Respiratory Care Symposium
Friday, October 23RD 2009*

Long Island Huntington Hilton, Melville, NY

6.0 AARC & NY State Ed. Dept. Approved CRCE Credits

Event ends at **4:00 PM**

www.nyssrc.org

Advance Registration Fee: \$100.00 includes breakfast and lunch

SEC Inc. encourages all Respiratory Therapists to join the 
Supporting our only national organization is integral to the success of our profession.

WWW.AARC.ORG

THE SOUTHEASTERN CHAPTER INC.
of the NYSSRC
41st ANNUAL SYMPOSIUM
Long Island Huntington Hilton, Melville, NY
October 23rd 2009

PROGRAM FACULTY & LECTURE TITLES

- **Dr. Forrest Bird, MD, PhD, ScD... Founder of Bird Products Corporation, 2008 Presidential Citizens Medal, Lifetime Scientific Achievement Award**
“The Physics of Fluid Dynamics and Cardiopulmonary Pathophysiology In Aviation and Clinical Medicine”
- **Dr. Neil R. MacIntyre, MD FAARC...Chief, Clinical Services, Division of Medicine, Pulmonary, Allergy, and Critical Care, Duke University MC, Durham, NC**
“Lung Protective Strategies”
- **Kathy Short, BS, RRT, RN ...Director of Respiratory Care University of North Carolina Hospital, Chapel Hill, NC**
“Updates on Inhalation Injury”
- **Michael Gentile, RRT, FAARC...Associate in Research, Divisions of Pulmonary Medicine and Pediatric Critical Care, Duke University MC, Durham, NC**
“No Tube, No Problem! Clinical Application of Non-Invasive Ventilation”
- **Ray Ritz, BA, RRT, FAARC... Clinical Manager, Department of Respiratory Care, Beth Israel Deaconess Medical Center, Boston MA**
(a major teaching hospital of Harvard Medical School)
“Mechanical Ventilation Guided by Pleural Pressure in Acute Lung Injury”
- **Dr. Suhail Raof, MD, FACP, FCCP, FCCM, Chief, Division of Pulmonary & Critical Care Medicine & Medical Director, Respiratory Therapy Dept. New York Methodist Hospital, Brooklyn, NY**
“Management of Refractory Hypoxemic Respiratory Failure”

Application has been submitted for 6.0 AARC approved CRCE credits.
(American Association for Respiratory Care Continuing Respiratory Care Education)
NY State Ed. Dept. automatically accepts all credits approved by the AARC.
Non -AARC members must retain the certificate of attendance as proof of earned credits.

DIRECTIONS TO THE LONG ISLAND HUNTINGTON HILTON

By Train: LIRR to Farmingdale Station. Take taxi (at taxi stand) to hotel
By Car: LIE (495) to EXIT 49, Rte 110 SOUTH. Hotel is about 1 mile south of the LIE at 598 Broad Hollow Rd.
Or take Southern State Pkwy to EXIT 32, Rte. 110 NORTH. Ample free parking on site.
For Hotel Info: (631) 845-1000

Advance Registration Fee: \$100.00 includes breakfast and lunch

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41st ANNUAL SYMPOSIUM
OCTOBER 23rd 2009

SCHEDULE OF EVENTS

6:30-8:00am **REGISTRATION** –Salon A-B
6:45-7:45am **CONTINENTAL BREAKFAST** - Savoy Ballroom

REGISTRATION WILL END PROMPTLY AT 8:00 A.M.

7:45-8:00am Welcoming Address – Salon A-B
Michael Karol, President SEC, INC.

8:00-9:00am **Lecture # 1** - Salon A-B

9:00-10:00am **Lecture # 2** - Salon A-B

10:00-11:00am **Lecture # 3** - Salon A-B

11:00-12:00pm **Lecture # 4** – Salon A-B

11:00-12:00pm **EXHIBITS - “Managers Only Sneak Peak”**
Exhibit Hall Rooms, Salon C-D

12:00-1:30pm **EXHIBIT HALL OPENS TO ALL PARTICIPANTS** - Salon C-D
(No Lectures During This Time)

1:00-2:00pm **LUNCH BREAK & AWARDS PRESENTATIONS** - Savoy Ballroom
Gourmet-Style Buffet Lunch

1:00-2:00pm **“RESPIRATORY CARE ACADEMIC CHALLENGE”**
Finals– room TBA

2:00-3:00pm **Lecture # 5** - Salon A-B

3:00-4:00pm **Lecture # 6** - Salon A-B

(ORDER OF SPEAKERS TO BE ANNOUNCED)

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41st ANNUAL SYMPOSIUM
LONG ISLAND HUNTINGTON HILTON,
MELVILLE, NEW YORK
October 23rd, 2009

www.nyssrc.org

Southeast Chapter Board of Directors

Michael Karol.....President
Leon Lebowitz.....Vice-President
Sharon Connelly-Merdian.....Past President
Sharon Pollard.....Secretary
Valerie Yarczower.....Treasurer
Neil Rodia.....Director
Larry Schlossberg.....Director
Andrea Gibbons..... Director
Felix Khusid..... Director
Randi G. Dillon.....Director
Robert Tralongo.....Director
Suhail Raoof, MD.....Medical Advisor

Symposium Committee

Tom Paolillo – Co-Chair
Larry Schlossberg – Co-Chair
Michael Karol
Randi G. Dillon
Leon Lebowitz
Sharon Connelly-Merdian
Sharon Pollard
Felix Khusid
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We Gratefully Acknowledge Modern Medical Systems Co. for sponsoring the printing of this brochure.
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The Complete Cycle of Care

SEC Inc. REGISTRATION POLICIES
REGISTRATION TIME: 6:30AM - 8:00AM

OUTSIDE SALON A-B.

PLEASE ARRIVE EARLY. Registration will end promptly at 8:00 AM.

A. SCHEDULE OF FEES: There will be no half-day rate available.

	<u>Advance</u>	<u>On-Site</u>
Registrant.....	\$100	\$125
Student.....	\$50	\$70

B. All students are required to pay a registration fee and present a valid college ID.

C. Advance registration fees must be prepaid. No invoice will be issued.

D. REFUND REQUESTS MAY BE MADE VIA EMAIL TO: VFY527@aol.com OR IN WRITING. REFUND REQUESTS MUST BE EMAILED OR POSTMARKED BY OCTOBER 19, 2009. A fee of \$5.00 will be deducted from the refund to cover processing expenses. Refunds will not be made to an individual for fees paid by an employer's check. There will be a \$20 fee associated with any returned bounced checks.

E. On-site registration personnel cannot cash checks or give change.

F. You must submit your AARC Member # in order to have AARC CRCE Credits placed on the AARC website transcript. Non –AARC members must retain the certificate as proof of earned credits.

ADVANCE REGISTRATION INSTRUCTIONS:

Complete and mail the *Advance Registration Form With Payment;*

POSTMARKED NO LATER THAN OCTOBER 9th 2009.

One person per form..... No invoices will be issued.

Make all checks payable to NYSSRC-SEC, Inc.

* NY State Ed. Dept. automatically accepts all credits approved by the AARC.

* Please provide a valid current Email address so you can be informed of future educational events.

* SEC Inc. website www.nyssrc.org

BENEFITS OF ADVANCED REGISTRATION:

1. Registrants can save \$25.00, students \$20.00.

2. You will save time during the registration process.

EDUCATION CREDIT INFO:

CERTIFICATES WILL ONLY BE ISSUED WHEN SYMPOSIUM EVALUATIONS ARE SUBMITTED AFTER THE LAST PRESENTATION @ 4pm.

DUE TO STRICT AARC RULES, YOU MUST ATTEND ALL LECTURES TO RECEIVE FULL CREDIT.

Non-AARC Members must retain the certificate as proof of earned credits.

NO PARTIAL CREDIT CAN BE ISSUED.

EXHIBIT HALL PRIZES

All vendor sponsored prizes and the annual raffle will be awarded in the Savoy Ballroom @ Lunch on October 23rd. You must be present to win.

For information about the L.I. Huntington Hilton Hotel: (631) 845-1000.

ADVANCE REGISTRATION APPLICATION FORM

**SOUTHEASTERN CHAPTER, INC.
of the NYSSRC
41st ANNUAL SYMPOSIUM 10/23/09**

APPLICATIONS SHOULD BE POSTMARKED NO LATER THAN OCTOBER 9, 2009.

One person per form....No invoices will be issued.

Cancellations may be made by email to: VFY527@aol.com or in writing.

*Cancellation requests must be emailed or postmarked by **October 19, 2009.***

No cancellation request/refunds will be made thereafter.

There is a \$5.00 handling fee for cancellations. There is a \$20.00 fee for returned bounced checks.

Please type or print legibly **AARC Member?** NO YES If yes, enter # _____

State License: check appropriate box, RT RTT Other (Specify) _____

Email Address _____

First Name _____ MI _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____ WorkPhone (_____) _____

Employer _____

CHECK BOXES: 1. RRT 3. RPFT 5. NPS 7. MD
CREDENTIALS 2. CRT 4. CPFT 6. RN 8. Other _____

CHECK BOXES: 1. Director 4. Staff 7. Medical Director
JOB TITLE 2. Asst. Director 5. Educator 8. Sales
 3. Supervisor 6. Student 9. Other (Specify) _____

- **YOU MUST ATTEND ALL LECTURES FROM 8:00AM TO 4:00PM IN ORDER TO RECEIVE CRCE CREDITS.**
- **FEES: Payment of appropriate fees entitles registrant to attend all symposium events**

***** FULL PAYMENT MUST ACCOMPANY THIS FORM *****

CHECK OR MONEY ORDER ONLY PAYABLE TO: NYSSRC-SEC, Inc.

Do Not Send Using Certified or Registered Mail, It Will Not Be Accepted

Check One:

____ \$100.00 Advance Registrant

____ \$50.00 Advance Student Member*

* Students **must** present a valid student ID card at the door, or will be charged the non-student rate.

MAIL THIS COMPLETED FORM WITH CHECK OR MONEY ORDER TO:

**NYSSRC-SEC, Inc.
C/O Valerie Yarczower
2 Anchorage Lane, Unit 8B
Oyster Bay, NY 11771-2720**

OFFICE USE ONLY

Amount _____

Check # _____

HC _____ PC _____ MO _____