

To: To Those Interested in Wilderness Rescue, Survival, Evacuation  
(Lightning, Hypothermia, Frostbite, Diving Accidents)

***Please consider marking your calendar for  
this "unique" local conference!***

What: EXPLORE ~ Wilderness Medicine Teaching Day

Where: **West Side Ballroom**, 253 New York Road, Plattsburgh, NY

When: Thursday, April 1 and Friday, April 2, 2010

***Day 1 – Thursday, April 1, 2010***

08:00am-08:30am *Registration, refreshments, vendor displays*

08:30am-09:30am Keynote Speaker  
**Wilderness Survival**  
Howard Donner, MD  
Family Practice-ECC

09:30am-10:30am **Lightning**  
David Hobbs, MD  
CVPH Medical Center-ECC  
Plattsburgh, NY

10:30am-10:45am *Break, display, refreshments*

10:45am-11:45am **Hypothermia**  
Howard Donner, MD  
Family Practice-ECC

11:45am-12:45pm Lunch, Vendor Displays

12:45pm- 01:15pm **Optimal Rewarming in the Emergency Department Setting**  
Roger Delong, CCP (Certified Clinical Perfusionist)  
CVPH Medical Center-Cardiology  
Plattsburgh, NY

01:15pm-01:45pm **Care of Frostbite**  
Robert Murphy, MD  
CVPH Medical Center  
Plattsburgh, NY

01:45pm-02:00pm *Break, refreshments, displays*

02:00pm-03:00pm    **Diving Medicine**  
Karen B. Van Hoesen, MD  
Clinical Professor of Medicine, University of California San Diego  
Department of Emergency Medicine  
Director, UCSD Diving Medicine Center  
Director, UCSD Undersea & Hyperbaric Medicine Fellowship  
UCSD Thornton Hospital  
LaJolla, CA

03:00pm-04:00pm    **Evacuation Strategies/Techniques**  
Howard Donner, MD and Karen VanHoesen, MD

04:00pm- 04:15pm    Questions, Answers, Evaluations & Wrap Up

### **Day 2 – Friday, April 2, 2010**

09:00am-12:00pm    **Workshop: Practical Wilderness Medicine Techniques**  
Howard Donner, MD  
Phoebe Everson, MD  
David Hobbs, MD  
R. Bruce Thompson, MD

### **Registration**

#### **Registration fee:**

Day 1 – Thursday, April 1, 2010 - **\$100.** (fee) and **\$50.** (for students with valid IDs).

Day 2 – Friday, April 2, 2010 - **\$50.** (fee) and **\$25.** (for students with valid IDs).

The registration fee includes registration, refreshments, handouts, and a luncheon for Day 1, Thursday, April 1, 2010 only.

**Checks should be made payable to & mailed to:** CAS (College Auxiliary Services)  
SUNY Plattsburgh, Clinton Hall,  
101 Broad Street, Plattsburgh, NY 12901  
Phone: 518-564-3054  
Secure Fax: 518-564-4092

Register on-line: [www.plattsburghcas.com](http://www.plattsburghcas.com) Click on “Conference & Event Services”.

CAS also accepts purchase orders, county vouchers, MasterCard, Visa and Discover.  
Refunds will be honored up to and including **March 29, 2010**

### **GREEN INITIATIVES:**

#### **HANDOUTS**

This conference includes environmentally friendly efforts. As in years past, EXPLORE is offering online registration. Speaker handouts will be available for **download** prior to the conference from the CAS website as soon as they are received from the speakers. The handouts will remain on the website for about 30 days after the conference. These handouts will **NOT** be available at the conference.

When you register for the conference, you will receive a postcard confirming your registration & giving you a user name & password so that you can retrieve (**& print if you want**) the handouts.

**Please note:** Handouts will **NOT** be available at the conference.

Questions:

For content or CEU information, contact Chris Ransom or Bonnie St. Clair by phone at 518-562-7325, or fax 518-562-7129, or by email [cvphlib@cvph.org](mailto:cvphlib@cvph.org) Monday through Friday, 7:30am – 3:30 pm. For registration questions, contact Kate Chilton at 518-564-3054 or [kate.Chilton@plattsburgh.edu](mailto:kate.Chilton@plattsburgh.edu)

The full conference brochure will be mailed later in 2010.

**REGISTRATION FORM**

*EXPLORE* ~ **Wilderness Medicine Teaching Day**  
**Thursday, April 1 and Friday April 2, 2010**

***Please Print:***

NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Please charge my\_\_ Mastercard \_\_ Visa \_\_ Discover:

Account # \_\_\_\_\_

Expiration date \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

Home Zip Code (if using personal Credit Card) \_\_\_\_\_

Position/Title (please check one)

PHYSICIAN

DIETITIAN-RD

EMT

FUNERAL HOME DIRECTOR

NP

PA

PHARMACIST

PHYSICAL THERAPIST

RADIATION THERAPIST

RESPIRATORY THERAPIST

RN

OTHER (*please specify*) \_\_\_\_\_

**I WILL be attending both days.**

**I will only be attending Thursday, April 1, 2010**

**I will only be attending Friday, April 2, 2010**