

# B3 - 2012: Bomb, Blast and Bugs

**Health  
First**

**Audience :** Health First Responders, Health Care Providers and Hospital Emergency Planners

**Speakers** Eric Frykberg MD, FACS, Univ. of Florida College of Medicine, Jacksonville  
Abdul Memon MD, FACP, FACEP, Univ. of Miami, Miller School of Medicine  
Scott Carson, Bomb Squad Commander, Brevard Co. Sheriffs Department  
Mark Talbert, MD, FACS, LTC, US Army Reserve, General Surgeon, MIMA

**Description:** B3-2012 is a comprehensive workshop designed to address mass casualty management of a bomb, blast or biological disaster.

**Location:** Holmes Regional Medical Center Auditorium A

**Date/Time:** Friday, March 2, 2012 7:30am – 1:30pm

**Cost:** \$45 (\$35 for those also attending DMEP on March 1, 2012)  
Continental breakfast & lunch included

**Credit:** This program has been approved for **4.0 hours of continuing education** by the Florida Boards of Nursing, Respiratory Care, Occupational Therapy, Speech and Audiology, Social Work, Pharmacy and the Florida Bureau of EMS. Holmes Regional Medical Center is accredited by the Florida Medical Association to provide continuing medical education for physicians. Holmes Regional Medical Center designates this educational activity for a maximum of **four (4) AMA PRA Category 1 Credit™**. Physicians should only claim credit commensurate with the extent of their participation

**Confirmation:** Available through self-service People Soft HRMS  
([Home](#) > [Self Service](#) > [Learning and Development](#) > [Training Summary](#)) . Please allow 3 business days before confirming your registration. For more information, contact

**Fax Registration to: 321-254-5151.**

**Title: B3 - 2012 Date/Time: March 2, 2012 7:30-1:30**  
**Registration Deadline: February 24, 2012**

Check here if claiming discount for attending DMEP on March 1, 2012

Name	Profession
Mailing address	License #
City, state, zip	Phone H W
Employment facility/unit	Health First User ID (Required):
E-mail	Registration Fee Included:

\*Birth Month \_\_ \_\_, Birth Day \_\_ \_\_, Last 4 digits of SSN \_\_ \_\_ \_\_ \_\_ \*Required for non-associates (information used for identification/data basing purposes only)

**Payment Options:** All registrations must be accompanied with payment for registration to be accepted.

- Mastercard  Visa  Discover Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Check Make payable to **Health First Center for Learning**, 3470 N. US 1 Melbourne, FL 32935 Attn: L. Hayworth  
 **HF Payroll Deduction:** I authorize HF to deduct the fee from my Paycheck over the next  1  2  3 Payperiod(s)

I understand and agree that upon my severance of employment, whether voluntary or involuntary, any balance due for this deduction will be withheld from my final check and/or from pay out of accrued PL.

**Cancellation/Fees:** By signing this registration form I acknowledge that if I cancel my registration, I must do so at least 48 hours before the program begins or forfeit my registration. If this program is of no cost to me and I do not cancel 48 hours in advance, a \$10 fee will automatically be deducted from my paycheck.

**Signature (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY** Authorized: \_\_\_\_\_ Date: \_\_\_\_\_

CFL 54 -Revenue  CFL 55 - Sponsorship  Conference Fee  \$10 No Show Fee