

16th Annual Pediatric Emergency Medicine Assembly

SCHEDULE

- 12:15 -12:50 **Registration**
12:50 - 1:00 **Welcome/Introductions**
1:00 - 1:45 **Intriguing Cases from Pediatric Emergency Medicine Fellowship**
Rhonda L. Philopena, MD
1:45 – 2:30 **Common Presentations of Missed Physical Abuse Cases**
Asalim A. Thabet, MD
2:30 – 3:15 **From Mrs. Winslow's Soothing Syrup to Fentanyl Lollipops:
The Opiate Epidemic and our Kids**
Leah Bennett, MD, MPH
3:15 – 3:30 **Break**
3:30 – 4:15 **Fool Me Once.....Cases That Could Have Gone Awry**
Richard M. Cantor, MD, FAAP, FACEP
4:15 – 5:00 **Beyond Being Full of it: Interesting Abdominal Emergencies**
Tyler C. Greenfield, DO, FAAP

Wednesday,
September 20, 2017
The Genesee
Grande Hotel
1060 East Genesee Street
Syracuse, NY

Sponsored by
Upstate Medical University,
Department of Emergency Medicine,
Syracuse, NY

ON-LINE REGISTRATION AVAILABLE AT <http://tinyurl.com/pedsem2017>

Course Director

Tyler C. Greenfield, DO, FAAP
Clinical Assistant Professor
Clinical Investigator
Pediatric Emergency Medicine
Upstate Medical University, Syracuse, NY

Speakers

Leah Bennett, MD, MPH
Assistant Professor
Department of Emergency Medicine
Upstate Medical University, Syracuse, NY

Richard M. Cantor, MD, FAAP, FACEP
Professor of Emergency Medicine and
Pediatrics
Director, Pediatric Emergency Department
Medical Director, Central New York Poison
Control Center, Upstate Medical University,
Syracuse, NY

Rhonda L. Philopena, MD
Fellow, Pediatric Emergency Medicine
Department of Emergency Medicine
Upstate Medical University, Syracuse, NY

Asalim A. Thabet, MD
Assistant Professor, Emergency Medicine
Clinical Assistant Professor of Pediatrics
Department of Emergency Medicine
Upstate Medical University, Syracuse, NY

For additional information,
please contact Rose More at
morer@upstate.edu
315-464-6197
Fax 315-464-1863

Registration (please print)

Last Name _____ First Name _____
MD, DO ____ PA ____ NP ____ RN ____ LPN ____ EMT-P / I / B / CC ____
Other _____ Non-SUNY- Student ____ Non-SUNY Resident ____
____SUNY Upstate Medical University Student ____SUNY Upstate Medical University Resident
Address_ Home_ Work _____
City _____ State _____ Zip _____ - ____
Telephone: Cell _____ Work _____ Fax _____
E-mail _____

Registration Deadline: September 15, 2017

Physician (MD, DO): _____\$75.00 All Other Healthcare Professionals: _____ \$55.00
EMS Personnel (EMT# Required _____) _____\$45.00
Upstate ED Nursing Staff _____\$35.00
Non-SUNY Upstate Medical University Students and Residents: _____ \$35.00
Upstate Medical University Residents: _____ \$20.00 / Department _____
Upstate Medical University Students: _____ \$20.00 / ID # _____

Cancellation Policy: If a participant cancels, in order to process a refund, cancellations must be received in writing to the Department of Emergency Medicine or via e-mail to morer@upstate.edu no later than September 15, 2017. A \$20.00 cancellation penalty will apply if you cancel prior to September 15. No refunds will be issued for cancellations made after this date.

check payable to: *Upstate Emergency Medicine Inc.*

Return to: SUNY Upstate Medical University Department of Emergency Medicine EMSTAT Center
550 E. Genesee Street, Ste. 103 Syracuse, NY 13202 Attn. Rose More

IF YOU ARE PAYING BY CHECK, PLEASE COMPLETE THIS FORM AND MAIL IN WITH PAYMENT.
REGISTRANT'S PAYING BY CREDIT CARD SHOULD REGISTER ON-LINE

<http://tinyurl.com/pedsem2017>