Ironman Medicine
July 25, 2015 10 am- 2:30 pm
Lake Placid Conference Center, Lake Placid, NY

Program Description:
This 4 hour program is designed for healthcare professionals who provide care for endurance athletes including but not limited to medical volunteers for the Ironman Lake Placid event.

Program objectives:
After attending this program, participants should be able to:
Recognize common illnesses and injuries in Ironman athletes
Describe the treatment for common illnesses and injuries in Ironman athletes
Discuss nutrition requirements of the Ironman athlete
Discuss mass casualty preparedness

Tuition:
Physicians - $125
Physician Assistants, Nurses, Nurse Practitioners, other professionals - $75

Agenda:
9:30 – 10:00: Registration
10:00 - 10:30: Race Day Nutrition, Dr. Natalia Lowry
10:30 - 11:00: Trauma and Environmental Injuries, Tracey Viola, DO
11:00 – 11:30: Training, Physical Overuse and Psychological Burnout, Todd Shatynski, MD
11:30 – 11:55: Mass Casualty Preparedness, Peter Sedgwick, MD
11:55 - 12:25: Cardiac and Swim Deaths, Hamish Kerr, MD
12:30 – 1:00 Lunch
1:00 – 2:30: Panel Case Discussions
Moderator: Tracey Viola, DO
Panel: Hamish Kerr, MD, Peter Sedgwick, MD and Todd Shatynski, MD

This activity has received no Commercial support.

CME CREDIT:
The Albany Medical College is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
The Albany Medical College designates this live activity for a maximum of 4.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

No refunds for cancellations after 6/1/15
Conference Registration Form
Ironman Medicine
July 25, 2015
10am - 2:30
Lake Placid Conference Center, Lake Placid, NY

By July 14
Physicians - $125.00
Others (Including fellows & residents) - $75.00

Tuition
After July 10
Physicians - $150.00
Others (Including fellows & residents) - $100.00

Only paid registrations can be accepted.

Name & Degree
(as to appear on conference materials)

CME credit tracking
Month of birth - date of birth - First 4 Characters of First Name

Address
City State Zip

Phone
Business Fax

Home Address
City State Zip

E-mail Address (You must provide an e-mail address to gain access to the on-line syllabus)

Please indicate method of payment:

・ My Check for $_______, payable to Albany Medical College is enclosed.

・ Please charge my credit card for the amount of $___________.
  (For credit card payment, complete information below.)

・ MasterCard ・ Visa ・ American Express ・ Discover

Name as it appears on Card
Card Number Exp. Date

Method of Registration: Mail or Fax

RETURN THIS FORM WITH PAYMENT TO:
Office of Continuing Medical Education Ironman Medicine Conference
Albany Medical College, Mail Code - 1 J 408 47 New Scotland Avenue, Albany, New York 12208-3479

Fax (518) 262-5679 registrations accepted for Visa, MasterCard, Discover and American Express only. Fax registrations without credit card payment cannot be processed. This is a secure fax. Please register one person per form. This form may be photocopied.

Office Use: Only Check #: Amount: Date: CT#