



Texas Society of the American College of Osteopathic Family Physicians

## BLS/ACLS Renewal Course

Friday, April 13, 2018

Venue:  
Hilton Dallas-Rockwall Lakefront  
2055 Summer Lee Dr.  
Rockwall, TX 75032

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### Agenda

8:30 - 9:00 am Registration

9:00 - 11:00 am - Basic Life Support

11:00am - Noon – Advanced Cardiovascular Life Support, Part I

Noon -1:00 pm Lunch Break

1:00 - 5:00 pm – Advanced Cardiovascular Life Support, Part II

5:00 – 6:00 pm – Dinner Break

6:00 – 9:00 pm - Advanced Cardiovascular Life Support Conclusion

**Meeting Venue:**

Hilton Dallas-Rockwall Lakefront  
2055 Summer Lee Dr.  
Rockwall, TX 75032  
(214)771-3700

**MEETING OBJECTIVES:**

- To offer a highly diversified program of continuing medical education.
- To inform physicians of recent developments and advances in the art and science of family medicine.
- To provide a review of selected areas of family practice.
- To inform physicians of the latest developments related to family medicine, in fields of science, socioeconomics and education.

**Grievance Procedures/Refunds:**

The Program Director will handle minor complaints unrelated to the education or financial aspects of the meeting. If the Program Director is unable to resolve the problem, the complaint will be referred to the TxACOFB Board of Governors in writing, and be acted upon within 30 days, with a report being submitted to the Program Chair.

**Registration Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

AOA Number \_\_\_\_\_

Contact Phone \_\_\_\_\_

Preferred name for your name badge \_\_\_\_\_

Email address – Unless otherwise indicated, your confirmation will be emailed \_\_\_\_\_

Will you need special accommodations during the Seminar? Please list \_\_\_\_\_

**Cost: \$250 per person before February 16, 2018. Class size is limited, so please register early.**

**After April 10, 2018, please call 512-585-5168 to confirm space is available and pay \$285.00.**

ACLS Provider Manuals can be purchased in advance and sent to your home or office. Cost: \$50.00 (includes shipping).

**Please make checks payable to: Texas ACOFP**

**Mail to: 1415 Lavaca Street Austin, TX 78701-1634 | Fax to (512)-708-1415**

**If you wish to pay by credit card (Visa, Mastercard and American Express)**

Card number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

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**For questions, or phone registration, contact our office at (512)585-5168**