Dear EMS Colleagues:

Enclosed you will find information about this year's PULSE CHECK 2008 Educational Conference and Trade Show. PULSE CHECK 2008 will be held September 18th-21st, 2008 at the Hudson Valley Resort in Kerhonkson, Ulster County, New York. The Conference Committee has put together a program that we are sure you will find both educational and a great deal of fun. It is also a great opportunity to meet colleagues from across the state. We hope you are excited about joining your colleagues who have already registered.

The Conference includes Educational Seminars (most offer CME credits), Statewide Drill Challenges, a Trade Show, our Awards Banquet and Memorial Service. Our Drill Challenge offers an opportunity for teams of CFR First Responders and EMTs to test their treatment skills against each other in scenario based problems. This competition is open to both youth and adult divisions. There is also an Ambulance Problem which combines both treatment and transportation skills. Winners are awarded trophies at our banquet. For further information, visit our web site and click on “Drills”.

A Memorial Service to honor our colleagues from member organizations who have passed away during the past year is held following the Annual Banquet. Please let our Chaplain, Christy Hubbard, know of members of your squad who should be remembered at the memorial service. A picture of the person would be appreciated for incorporation into a video tribute. Christy’s e-mail address is nysemt67@yahoo.com. You may also wish to consider a remembrance of the person through the donation of a Trophy or perhaps celebrate their memory with a memorial in the form of a Journal Ad. Trophy and Journal Ad forms are available on our web site.

Each year our Association offers up to three (3) $500 Scholarships to members and/or their immediate family members for furtherance of their medical careers. There are also Special Awards offered in various categories for outstanding people/crews in member agencies. Nominations can be sent to Beth Mauro, Chair, Special Awards Committee -- forms and contact information are available on our web site.

For further information and forms on the topics mentioned above visit our web site at www.nysvara.org and click on the topic of your choice. If you have any questions, please contact me at pulsecheck@nysvara.org.

I hope to see you this year at the conference.

Thank You,

Kuntree B. Sweet, Chairperson
Pulse Check 2008
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<tr>
<th>Pulse Check 2008</th>
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<tbody>
<tr>
<td>Thursday, September 18th</td>
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<td>2-6PM</td>
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<td>Friday, September 19th</td>
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<tr>
<td><strong>BLS Track</strong></td>
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<td>8:30 -10AM</td>
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<td>8-10PM</td>
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<tr>
<td>Saturday, September 20th</td>
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<td><strong>Leadership Track</strong></td>
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<td>8:30-10AM</td>
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<td>4-5:30PM</td>
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Conference Registration Form

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<tr>
<th>REGISTER FOR:</th>
<th>FEE:</th>
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<tbody>
<tr>
<td>□ Pulse Check 2008 Individual Rate ‘til August 31st, 2008</td>
<td>$ 75.00</td>
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<tr>
<td>□ Pulse Check 2008 Group Package (6 for Price of 5)</td>
<td>$375.00</td>
</tr>
<tr>
<td>□ Pulse Check 2008 (Postmark after Sept. 1st &amp; on site)</td>
<td>$100.00</td>
</tr>
<tr>
<td>□ Pulse Check 2008 Group Package (6 for Price of 5)</td>
<td>$500.00</td>
</tr>
<tr>
<td>□ One Day On-Site Registration</td>
<td>$ 50.00</td>
</tr>
<tr>
<td>□ Annual Banquet Only</td>
<td>$ 50.00</td>
</tr>
<tr>
<td>□ Meals can be purchased separately at Front Desk</td>
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*Registration Fees are transferable, not refundable*

Hudson Valley Resort & Spa and the NYSVARA would like to remind all participants that the legal drinking age in New York State is 21 years old and a valid identification card will be needed at check-in.

Please find the enclosed check in the amount of $________________

Name: ____________________________________________________________

Address: __________________________________________________________

Phone #: __________________________________________________________

Email: ____________________________________________________________

Member #: _________________________________________________________

Squad: ____________________________________________________________

Mail To: NYSVARA 2008 Registration, c/o Beth Mauro, 3 Essex Lane Apt C-2, Suffern, NY 10901

For more information please call (877) NYS-VARA or email pulsecheck@nysvara.org

For alternate accommodations please call 1-800-342-5826 or visit www.ulstertourism.info
NYS VOLUNTEER AMBULANCE & RESCUE ASSOCIATION, INC.
53rd ANNIVERSARY – EDUCATIONAL CONFERENCE AND TRADE SHOW
September 18-21, 2008
HUDSON VALLEY RESORT & SPA
ROOM RESERVATION FORM

Package Rates-Three (3) Night Stay-(Thursday-Sunday)

☐ Single Occupancy – Inclusive of service charges
$525.00 per person, per three night stay
☐ Double Occupancy—Inclusive of service charges
$360.00 per person, per three night stay
☐ Triple Occupancy – Inclusive of service charges
$330.00 per person, per three night stay
☐ Quad Occupancy—Inclusive of service charges
$300.00 per person, per three night stay

Rates include: Overnight accommodations, eight (8) meals total starting with dinner on day of arrival through breakfast on day of departure.

Package Rates-Two (2) Night Stay-(Friday-Sunday)

☐ Single Occupancy – Inclusive of service charges
$372.00 per person, per two night stay
☐ Double Occupancy—Inclusive of service charges
$262.00 per person, per two night stay
☐ Triple Occupancy – Inclusive of service charges
$242.00 per person, per two night stay
☐ Quad Occupancy—Inclusive of service charges
$222.00 per person, per two night stay

Rates include: Overnight accommodations, six (6) meals total starting with lunch on day of arrival through breakfast on day of departure.

Early Arrival Rate-(Wednesday)- September 17th, 2008

☐ Single Occupancy - per person
$165.00 Inclusive of service charges
☐ Double Occupancy - per person
$110.00 Inclusive of service charges
☐ Triple Occupancy – per person
$100.00 Inclusive of service charges
☐ Quad Occupancy – per person
$90.00 Inclusive of service charges

Rates Include: Overnight accommodations, a total of three (3) meals-(dinner to lunch)

** All above rates are subject to NYS Tax exempt form must be attached with this form to be applied.

PLEASE PRINT OR TYPE

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<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
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</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td>Work Phone:</td>
<td>Arrival Date:</td>
<td>Departure Date:</td>
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</tr>
</tbody>
</table>

Sharing Room With: *Hotel is not responsible for assigning roommates

1.     2.     3.

Method of Payment

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<tr>
<th>Credit Card Number:</th>
<th>Name on Credit Card:</th>
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<tbody>
<tr>
<td>Expiration Date:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Check Information:</td>
<td>Money Order Information:</td>
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</tbody>
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Hotel reserves the right to I.D. upon check in; only proper proof of age will be accepted.

Deposit: Individuals are required to provide the Hotel with a deposit equal to the first night package price with this form by September 17, 2008. Make checks payable to Hudson Valley Resort & Spa. We also accept MasterCard, Visa, Diner’s Club, and Discover Cards for deposit - please complete the information requested: Early departure will incur a surcharge of $50.00 per person, per night. Any and all cancellations made less than three (3) days prior to arrival will be subject to the forfeiture of the individual’s deposit. Individuals who are categorized as a “No Show” will be billed in full. After the cut off date, or when your room block has been filled, the Hudson Valley Resort & Spa will accept group reservations on a space availability basis.

PLEASE MAIL, E-Mail, OR FAX THIS FORM TO: Hudson Valley Resort & Spa, 400 Granite Rd, Kerhonkson, NY 12446 Attn: Reservations Dept. Fax (845)626-2677, Email-res@hudsonvalleyresort.com
The Pulse Check Convention Committee is seeking donations towards the purchase of trophies for the participants of the 2008 Challenge Drill, which consists of an EMT/First Responder and Ambulance Drill Competition.

This year we are seeking sponsors for these awards that will be distributed to the participants. If you have someone or some special event you would like to be represented we would be happy to have this displayed on the trophies you wish to donate.

Please indicate below which trophy/s you or your organization would like to donate and make your check payable to N.Y.S.V.A. &R.A.,Inc.

___ 1st Place-1st Responder Drill & 6 Oscar Trophies--------$350.00
___ 2nd Place-1st Responder Drill ------------------------$175.00
___ 3rd Place-1st Responder Drill ------------------------$150.00
___ Novice-1st Responder Drill--------------------------$100.00

___ 1st Place—Ambulance Drill & 5 Oscar Trophies--------$350.00
___ 2nd Place—Ambulance Drill--------------------------$175.00
___ 3rd Place—Ambulance Drill--------------------------$150.00
___ Novice—Ambulance Drill-----------------------------$100.00

___ 1st Place—EMT Drill & 5 Oscar Trophies------------$350.00
___ 2nd Place—EMT Drill-----------------------------$175.00
___ 3rd Place—EMT Drill-----------------------------$150.00
___ Novice—EMT Drill-------------------------------$100.00

___1st, 2nd, & 3rd Places—Problem 1—1st Responder Drill---$300.00
___1st, 2nd, & 3rd Places—Problem 2—1st Responder Drill---$300.00

___1st, 2nd, & 3rd Places—Problem 1—EMT Drill----------$300.00
___1st, 2nd, & 3rd Places—Problem 2—EMT Drill----------$300.00

Please find the enclosed check in the amount of $__________

Engraving to read__________________________________________________

(please print clearly)

Contact Name:__________________________ Phone:_____________________

Mail to: Kuntree B. Sweet, 62 North Street, Broadalbin, NY 12025/ksweet3752@aol.com
Journal Contract

Please check your selection:

  ______  Back Cover                        $250
  ______  Inside Back Cover                $200
  ______  Inside Front Cover               $200
  ______  Full Page                        $100
  ______  Half Page                        $ 65
  ______  Quarter Page                     $ 35
  ______  Business Card                    $ 25
  ______  Booster Name                     $ 10

Enclosed find payment in the amount of $__________

For a __________ page Journal Advertisement.
(Make all checks payable to the NYSVARA-Convention Committee)

Name: ________________________________________________

Address: ______________________________________________

Telephone________________E-Mail_______________________

Print or type your ad on a separate sheet of paper
Or send a business card with this contract to:

  Kuntree B. Sweet
  62 North Street
  Broadalbin, NY 12025

Solicited By________________________District___________
(please print)
NEW YORK STATE
VOLUNTEER AMBULANCE & RESCUE ASSOCIATION

SCHOLARSHIP APPLICATION

APPLICANT'S NAME: ___________________________________________________
ADDRESS: ____________________________________________________________
TELEPHONE NUMBER: _________________________________________________
VAC/RESCUE SQUAD: __________________________________________________
SQUAD CAPTAIN/PRESIDENT: ___________________________________________
TELEPHONE NUMBER: _________________________________________________

Schools to which you have applied and your current acceptance status:

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<tr>
<th>School name</th>
<th>Accepted or no word yet?</th>
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REQUIREMENTS:
1. Age: No limit
2. Must be used for furthering your education in a medical related field. (Not for EMT and / or CFR courses.
3. Applicant and/or an immediate family member must be an individual member or a member of a squad in good standing in the NYSVA&RA.
4. Deadline: Postmarked sixty (30) days prior to Annual Meeting & Convention.
5. Course or school session must start in current year.

APPLICANT MUST SUBMIT THE FOLLOWING:
1. Completed application.
2. Proof of enrollment in the form of admission slip or letter from institution.
3. Proof of current individual or squad membership in NYSVA&RA.
4. Brief essay as to why you feel you are qualified for a scholarship award. Please include any recognition you may have received from your squad or high school.

RETURN COMPLETED APPLICATION TO:
Beth Mauro
3 Essex Lane, Unit C2
Suffern, NY 10901
Phone: (845) 368-0316     Email: RN2BE55@msn.com
Candidate’s Name _________________________________________________
Home Mailing Address _____________________________________________
City/State/ZIP _____________________________________________________

EMS Affiliations/Organizations:
Name of Organization ______________________________________________
Address of Organization ____________________________________________
City/State/Zip ______________________________________________________
Phone ________________________
Role/Title __________________________________________________________

Category for which the applicant is being nominated:
_____ EMS Person of the Year  _____ Leadership Award
_____ Youth Squad Award  _____ Meritorious Award
_____ Educator of the Year  _____ Unit Citation
_____ Civilian Award  _____ Medical Director of the Year
_____ Rescue-EMS Recognition Award

Please provide a brief narrative of why this person is being nominated, ie. caring, commitment, dedication, strong leadership skills, excellent teaching skills, ingenuity, bravery, etc. Attach supporting documents you feel will help in the decision making process regarding this nomination.

Person or Agency submitting nomination: _______________________________
Phone: _____________________ E-mail: ________________________________
Signature & Title :____________________________________________________
NEW YORK STATE
VOLUNTEER AMBULANCE & RESCUE ASSOCIATION
SPECIAL AWARDS

REQUIREMENTS

All nominees, except for certain categories, must have been a member of a Member Organization or an Individual Member of the Association in good standing at the time of the act.

All nominees must have performed the act within the award period... June 1st thru May 31st of the previous year and be submitted to the committee at least sixty (60) days prior to convention.

CATEGORIES OF SPECIAL AWARDS

EMS Person of the Year:
To entitle a member to receive this award, an exceptional contribution to EMS activities must be made.

Educator of the Year Award:
To entitle a member to receive this award, the nominee must be recognized by the NY State Department of Health as a certified instructor. Through outstanding teaching, publication, or research has greatly improved pre-hospital services at the local, county, regional or state level.

Leadership Award:
To entitle a member to receive this award, an individual shall perform an outstanding service to the Association or a Member Organization of the Association.

Unit Citation:
To entitle a unit to this award, the act under consideration should involve an outstanding unit operation, dependent upon teamwork and cooperation.

Youth Squad Award:
To be eligible, a youth squad shall perform outstanding service to their local unit, community, or to the Association.

Rescue-EMS Recognition Award:
To entitle a member to receive this award, an outstanding contribution in both Rescue & EMS activities must be made.

Civilian Award:
This award shall be presented to non-members, who are not ambulance personnel or a professional in the medical field, for the individual acts of personal bravery or initiative and capability in the saving of a life.

Medical Director of the Year Award:
To give recognition of those of the medical profession who have contributed knowledge and guidance to volunteer squad members.

Meritorious Award:
To entitle a member to receive this award, the act under consideration should involve a degree of danger properly to be characterized as At Great Personal Risk.

Completed applications must be mailed sixty (30) days prior to our Annual Meeting & Conference to:
Beth Mauro
3 Essex Lane, Unit C2
Suffern, NY
Phone: (845) 368-0316   Email: RN2BE55@msn.com