



# The METI Cup Nursing Student Challenge at HPSN



## Are Your Clinical Skills Best in Class?

Put your knowledge and training to the test. Compete against your peers in a real-time emergency simulation at the 2012 METI Cup Challenge at HPSN.

You will assess a realistic emergency scenario and provide treatment on a state-of-the-art METI patient simulator with real equipment.

Gain recognition, critical care practice and teamwork skills for a lifetime.

**The winners will take home the prestigious METI Cup trophy and \$500 cash.** The 2012 METI Cup Challenge will take place at the HPSN 2012 conference February 28 – March 1 in Tampa Florida.

Registration is free, but team slots are limited and will be accepted on a first come, first served basis.



Take the 2012 METI Cup Nursing Student Challenge at the HPSN 2012 Conference in Tampa February 28-March 1, 2012 For more information, visit [hpsn.com](http://hpsn.com)

### About CAE Healthcare and METI

CAE Healthcare and METI have joined to create one world-class healthcare simulation organization with a mission to offer training solutions to improve patient safety and outcomes. [cae.com](http://cae.com) | [meti.com](http://meti.com) | [hpsn.com](http://hpsn.com)



Does Your Team



Have What it Takes?

## The **METI** Cup

### CALL FOR INTEREST

If you're interested in competing in The 2012 METI Cup EMS OR Nursing Challenges, please complete and submit this Call for Interest form. A limited number of teams will be accepted to compete, so sign up now!

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**The METI Cup EMS and Nursing Challenges  
at HPSN 2012  
Tampa, Florida  
February 28-March 1, 2012**

***Team Member #1:***

Name: \_\_\_\_\_  
Certification (Nurse, Paramedic or Physician): \_\_\_\_\_  
Institution: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

***Team Member #2:***

Name: \_\_\_\_\_  
Certification (Nurse, Paramedic or Physician): \_\_\_\_\_  
Institution: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

***Alternate Team Member (Optional):***

Name: \_\_\_\_\_  
Certification (Nurse, Paramedic or Physician): \_\_\_\_\_  
Institution: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Please email your completed form to [kdegregorio@meti.com](mailto:kdegregorio@meti.com) or fax to (941) 379-1663