



**McHenry Western Lake County EMS System  
System Memo #25-13**

**To: MWLC EMSS PERSONNEL**  
**From: MWLC EMSS**  
**Date: 9/25/2025**  
**RE: High Performance Airway Lab DATE CHANGE**

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**Purpose:** Communicate the rescheduled date.

**Goal:** Have all interested MWLC EMSS personnel be aware of the date change.

McHenry Western Lake County EMS personnel have access to an advanced airway lab training opportunity through Rosalind Franklin University. This is a four-hour session of hands-on airway practice will be available on **November 8, 2025** from 1pm-5pm. 2025 Lab cost is \$150.00 per participant. (Participant or their agency is responsible for the cost)

Seats remain available (know anyone else who would like to attend?). Use page two of this memo to access the Google registration form hyperlink. A Google account is required to access the registration form. Further communication (including invoicing) will utilize the email address you provide in the form. Receiving an invoice may be several days after registration submission. *If you have already registered and can no longer attend the training due to the date change, please disregard the invoice you receive and email [christopher.kopera@nm.org](mailto:christopher.kopera@nm.org) to cancel.*

Please contact the EMS Office with further questions.

John Pacini, Medical Director  
Elizabeth DePouw, EMS Coordinator  
Cindy Tabert, Associate EMS Coordinator

Chris Kopera, EMS Educator  
Valerie Zage, EMS Educator  
Jen Kucan, Paramedic Lead Instructor  
Diane Klier, Administrative Assistant

## RFU High Performance Lab Nov. 8th 2025

This form is to sign up for the Chicago Medical School High performance Lab 2025 on **November 8th**. After completing this from a link will be sent to complete payment. We do this to ensure that we do not sign up too many participants. The cost is 150\$ per participant (credit or debit required).

█@gmail.com [Switch account](#)

\* Indicates required question

Email \*

Your email

Name \*

Your answer

License Level \*

☐ Paramedic Student

☐ Paramedic

☐ Other: \_\_\_\_\_

I am planning on attending the November 7th High Performance Lab \*

☐ Yes

Best Phone Number \*

Your answer

What is your Company/Program/Department \*

Your answer

Session selection \*

☐ Morning (8:00 A.M - 12:00 P.M)

☐ Afternoon (1:00 P.M - 5:00 P.M)

I understand that after the completion of this form, a payment option will be sent via email. (Unless otherwise paid for by department/program) \*

☐ Yes

A copy of your responses will be emailed to the address you provided.

**Submit**

[Clear form](#)

Never submit passwords through Google Forms.



This form was created inside of Rosalind Franklin University. - [Contact form owner](#)

Does this form look suspicious? [Report](#)

Google Forms

**Registration Link:**

[HPL 2025](#)

After using the hyperlink, you must log into your Google account to register with this form.

Please consider using your work email address (used for billing, completion certificate, etc.)

Enter the name you want on your completion certificate.

Choose one.

Must select to acknowledge the training date.

This number may be used the day of the training for notifications, etc. Please consider using your cell.

Enter your Department / Company name here.

SELECT AFTERNOON (1:00 PM – 5:00 PM)

Using the email you provided in the form, billing will be forwarded to you with payment options.

**\*\*SUBMIT REGISTRATION\*\***

You will be invoiced to the email you provided in this form.