

March 2004

Volume 2 Issue 10

THE SCOOP

THE MONTHLY NEWSLETTER OF THE
MOTORCYCLE SPECIAL EVENTS TEAM OF TEXAS

MSET-TX

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**EBCT Chelation
Therapy**

LZ SAFETY CLASS 2004

I do believe that the 2004 Landing Zone training class was a huge success. There were but a few empty seats in the house. I do not have the exact count at this time, but I can say that it was well attended. Four Helicopters landed at the Shoreline Christian Center parking lot. Mike from Austin Park Police was a great help there and we do thank him. There is so much to say and show about the class...Check my Special edition of “The Scoop” published 3/1/04.



Because the photos from the LZ class had not arrived in time for the Special Edition, I am including them in this edition. They are also posted on the MSET-TX public yahoo group. Photography credit to Barry Jucha MSET 110

(More photos on page 7.)

Sky Warn 2004

The Sky Warn 2004 was an excellent class. There were some 300 people in attendance. Groups such as the Travis and Williamson County ARES, Travis County REACT, TSSI and CTSS were well represented. The esteemed and learned Troy Kimmel was the MC and a speaker. Joe Arroyo and Larry Eblin both gave the group interesting and informative lectures. Local media was represented by such names as Jim Spencer, Mark Murray, Ilona Torok, and Burton Fitzsimmons. Jeff Draper, founder of TSSI (Texas Severe Storm Interceptors) www.chase-1.com/ and Warren Rowe, founder of CTSS (Central Texas Storm Spotters) www.centextstormspotters.net/ as well as Jeff Schmidt N5MNW also spoke.

TEXAS ROLLERGIRLS

For the first bout of the season, February 22nd, 2004, the Hot Rod Honeys scored a record-breaking victory over the Hell Marys with a score of 80 to 48. Obvious some one used the downtime to become stronger, tougher and faster.

The Honky Tonk Heartbreakers sure did break some hearts this night with their 70 to 55 win over the previously undefeated Hustlers. Keep up with all the latest news from the Texas Rollergirls...

Join our mailing list or go to: www.txrollergirls.com
Hope to see you March 28th for the second bout of 2004.

QUALITY CONTROL TESTING PROCEDURES "GLUCOMETER QUALITY CONTROL TESTING"

The Motorcycle Special Events Team of Texas is a nonprofit Community Service organization under IRS section 501 C 3. Contributions are tax-deductible to the extent permitted by law.

Several questions were raised from the Glucometer Quality Control Testing Update with the majority of questions relating to: (1) **when to perform control tests**, (2) **how to perform control tests**, and (3) **the frequency of control testing**. To properly address these questions the following guidelines were developed from manufacturer resources as they relate to quality control testing.

Control Solution Testing:

- As control ranges can vary for each new lot of test strips and no

universal control solution exists, only use the control ranges listed on the *current carton of test strips* you will be using.

- Even though both high and low control solutions exist, only **Normal Control Solutions** are to be used. Normal control solution should be ordered through your Glucometer supplier or manufacturer as needed.

(continued on page 3)

HAM-COM 2004



Ham-Com 2004 is scheduled for June 18-19, 2004 at the Arlington Convention Center in Arlington, TX. You can pre-register on-line via <http://www.hamcom.org/> using Visa or MasterCard and save \$2.00 per badge from now until May 25, 2004. The discount is for on-line registrations ONLY.

Forms are available at the Ham-Com 2004 web site if you want to mail or FAX your registration.

Additional family member badges are

\$5.00 (pre-register on-line and receive a \$1.00 discount per family member until May 25, 2004). Children under 12, students, Royal Rangers, Boy and Girl Scouts are FREE! All badges must be picked up at the will-call desk in the main lobby, so be sure and save your e-mail acknowledgement to speed your entry into the event. WE WILL NOT MAIL BADGES!
(Continued on page 9)

Southwest Gold 10 K

Saturday March 6th 2004 A beautiful, almost spring-like day. Could not have asked for a better day for a run/walk in Austin. Dan, Jerry, Mike, Greg, Chuck, Deacon and I (Ray) met at the iHop located at IH-35 South and Cesar Chavez. Although the service left a great deal to be desired, we made it in and out on time for the event. I was impressed with the number of APD officers present to support the event. With just one participant taking a spill resulting in a minor injury, it was an excellent event. We at MSET-TX do look forward to the next event here in Austin.

April 9th ~ Texas Rollergirls Blackout

Be on the lookout for a VERY special, one-of-a-kind, unprecedented Texas Rollergirls event on Friday April 9th. Seriously, you don't want to miss this one. It's a little hush-hush right now, but our newsletter subscribers will get the scoop before the average citizen. Keep an eye out for future newsletters so you don't miss a beat(ing) from the Texas Rollergirls.



Under the sponsor banner are Mike 101, Dan 301, Greg 102, Jerry 316, Chuck 310, and Ray103 in the background.

WHEN TO PERFORM A CONTROL TEST: (Continued from Page 2)

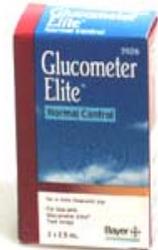
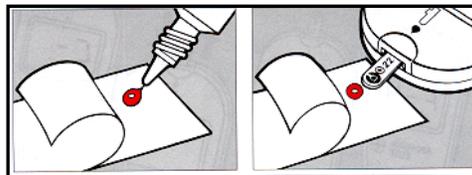
- ❑ When resetting the code for each new carton of test strips.
- ❑ When the glucometer is new (out of the box) and placed into service.
- ❑ Any time you wish to check or verify the performance of your glucometer (i.e., meter was dropped), its test strips, or your testing technique.
- ❑ Any time you continue to question glucose results (assuming the blood sample was properly acquired).
- ❑ Anytime you replace the batteries.
- ❑ Although not mandatory, control solution testing is **highly recommended** on a weekly basis to ensure proper meter performance (suggested interval is every Monday morning).

Testing Procedure For the Ascensia Elite (refer to the users guide for other brands):

1. Remove foil packets from the test strip carton and tear off a single packet.
2. Open the test strip packet by carefully peeling the foil until the test strip is completely exposed (*the numbers printed on each strip are manufacturer numbers and are not to be confused with function numbers*).
3. Remove test strip from packet (save packet). Holding the round end, insert the strip fully into the meter.
4. A beep will sound and a full display will appear, followed by

the function number (F-#) and previous test result (both will begin to alternately flash).

5. Squeeze a small amount of control solution onto the inside foil of packet you saved.
6. Touch the test end of the strip into the drop of solution until the meter beeps. After 29 seconds the result should appear.
7. Compare the result to the range listed on the end flap of your test strip carton.



Glucometer Calibration (Coding):

- ❑ Each carton of glucometer test strips has a Function Number of 0-12 (F-#) identified on the **Code Strip** included with each package of test strips. This code strip is used to match the meter to the reactivity of the test strips used and verifies that the glucometer is operating properly.

Meter Calibration Should Occur Anytime:

- new test strips are used (unless the new strips have the same function number as previous strips).
- the meter has been dropped or potentially damaged (consider replacing if damaged).
- new batteries are placed into the device.



Heart Disease Quiz

Q1. As you may know, the coronary arteries are the blood vessels that supply oxygen-rich blood to the heart. Which of the following is the best description of coronary artery disease (CAD)?

- a) A chronic disease in which the coronary arteries have hardened and narrowed, leaving less room for blood to flow through
- b) A chronic disease in which the coronary arteries have gradually shortened over time, so that they no longer reach the heart
- c) A chronic disease in which fatty cholesterol has softened the coronary arteries, causing chest pain
- d) A chronic disease in which high-fat foods have eroded the coronary arteries so that blood is leaking from them and causing chest pain

Q2. According to the American Heart Association, coronary artery disease is:

- a) The #1 killer of both men and women in the United States
- b) The #1 cause of premature disability in the United States
- c) Responsible for 20% of all deaths in the United States
- d) All of the above

Q3. Which of the following is *not* a risk factor for heart disease?

- a) Smoking
- b) High HDL cholesterol level
- c) Being overweight/obese
- d) Lack of exercise

Q4. Both angioplasty and bypass surgery are permanent cures for heart disease.

- a) True
- b) False

Q5. What percentage of people with heart disease experience no symptoms at all?

- a) 100%
- b) 50-60%
- c) 20-30%
- d) 0%

Q6. Which of the following tests for heart disease requires a small incision?

- a) Angiogram
- b) Electrocardiogram (EKG)
- c) Echocardiogram
- d) Treadmill stress test

Q7. Research studies have shown that people are at greater risk of heart disease when they have high, uncontrolled levels of:

- a) Stress
- b) Depression
- c) Cholesterol
- d) All of the above

Q8. A spokesperson for the Human Genome Project predicted the availability of an entire health care system based on genetics within the next 30 years.

- a) True
- b) False

Q9. Which of the following is not recommended by the American Heart Association *for anyone* because there is not enough evidence to support its use?

- a) External counterpulsation (ECP)
- b) Chelation therapy
- c) EBCT (ultrafast CT scan)
- d) All of the above

Q10. Cardiac Syndrome X is a condition in which someone has the symptoms of coronary artery disease but none of the signs (e.g., arterial damage).

- a) True
- b) False

EDUCATION

The Link Between Terrorism & All-Hazard Preparedness

By Steven Kuhr (Continued from February)

About the Author

Steven Kuhr is Senior Vice President of Kroll Inc. (Nasdaq: KROL). As a senior vice president he serves as practice leader of the Kroll Emergency Management Group. Mr. Kuhr is a veteran emergency manager who joined Kroll in January 2001. Prior to that he served as a Deputy Commissioner of the City of New York Office of Emergency Management. For more information go to: www.krollworldwide.com, email at: skuhr@krollworldwide.com or you may call Steven at (212) 593-1000.

A neighbor-to-neighbor self-help program should provide the primary link between citizens and public safety personnel. When individuals and their neighborhoods are prepared to mutually assist each other during and after a disaster, lives can be saved, property can be spared and emergency services can focus on responding to the most devastated areas.

An all-hazards community response program (one which includes earthquakes, hurricanes, floods, tornados, snowstorms, terrorism, power outages and major fires) provides the capability for stabilization and recovery within the first 72 hours of a disaster-when governmental services may be unable to respond to all requests for assistance. Drawing the link between terrorism preparedness and all-hazard preparedness is critical. For example, once a family has taken steps to prepare for a natural disaster, by developing a family emergency plan, creating 72-hour stationary and

mobile disaster kits, practicing communications plans, and by knowing local emergency management strategies, they are well on the way to being prepared for any eventuality, including terrorism.

Community programs should place a great deal of emphasis on organization, team operations and information gathering. These details are necessary because emergency response procedures are unfamiliar to most people, and only occasionally practiced. Once a community program is in place, it should be linked to the local overall emergency management architecture. This will allow for an unimpeded two-way flow of information, critical to both the community for receiving assistance, and, critical for the emergency management agency, in need of information and intelligence. The community can serve as the local eyes-and-ears of the emergency management team. (Continued in April '04 The Scoop)

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ENHANCED EXTERNAL COUNTERPULSATION

Enhanced external counterpulsation (EECP) is a relatively new, painless treatment for **angina**. The goal of the procedure is to increase oxygen-rich blood flow to the heart and to reduce the heart's workload. EECP is performed over a series of several weeks, with each session lasting from one to two hours. During each session, three air (*pneumatic*) cuffs are placed on each of the patient's calves, lower thighs and upper thighs. Precisely timed by a

computer to match the heartbeat, these cuffs are rapidly, sequentially inflated from the calves to the upper thighs. As a result, the blood vessels in the leg are gently compressed and blood is forced back to the heart. This may reduce the pain of angina, increase one's level of **exercise** and decrease the need for medication. Unfortunately, some patients (e.g., those with **pacemakers**) are not appropriate for EECP.

Who would benefit from aspirin and who would not?

In general, aspirin has been recommended for patients in the following categories:

- * Those with known **coronary artery disease** or **atherosclerosis**
- * Those who have experienced **heart attack** or **angina**
- * Those who have significant risk factors for **heart disease** (e.g., **smoking**, lack of **exercise**, high levels of **cholesterol** or **triglycerides**, **diabetes** or **high blood pressure**)
- * Those who have undergone **bypass surgery**
- * Those who have risk factors for a heart attack
- * Men over the age of 40 and, possibly, women after **menopause**
- * Patients with high **homocysteine** levels or abnormal **C-reactive protein test**
- * Patients who have had mini-stroke (**transient ischemic attacks**) and/or ischemic strokes

Furthermore, patients who are scheduled for procedures to open blocked **arteries** (i.e., **angioplasty** and **stenting**) may benefit from “super aspirins,” which are given intravenously during cardiac interventional procedures. For these patients, treatment by “super aspirins” cut the risk of death or other major complications by 40 percent. People who cannot tolerate aspirin may be given a different antiplatelet called clopidogrel, which is also given to people undergoing **catheter-based procedures**. For those who can take aspirin, studies have shown that aspirin and clopidogrel, given together, have an enhanced effect in inhibiting clot formation. The aspirin-clopidogrel combination has also demonstrated benefit in individuals at risk for acute coronary events (e.g., those with unstable **angina**).

While the findings are certainly promising, aspirin is not for everyone. The best course

of therapy always begins with a **physical examination** and regular medical visits, as well as with a healthy lifestyle. Aspirin therapy works best with individuals whose **blood pressure**, **cholesterol** and weight levels are within the normal range. Physicians will often advise patients not to take aspirin if they have certain side effects and/or pre-existing medical conditions. In general, the following people are usually advised against taking aspirin:

- * Pregnant women, especially during the first and third trimesters. Aspirin can prolong or otherwise complicate delivery.
- * People who are about to have surgery. Aspirin can promote excessive bleeding and most surgeons request that their patients refrain from taking aspirin for several (generally 10) days before surgery.
- * Children under 18 who are recovering from chicken pox or the flu. Aspirin has been linked to a rare, potentially fatal disease called *Reye syndrome*.
- * Heavy drinkers (three or more drinks per day). Aspirin has been linked to stomach irritation, liver damage and excessive bleeding in such people.
- * People with chronic intestinal problems, including ulcers, gastritis, inflammatory bowel disease and bleeding conditions.
- * People taking certain **NSAIDs**. Many patients can be safely treated with **anticoagulants** and low dose aspirin.
- * People with allergies to some medications, including aspirin.
- * People with uncontrolled high **blood pressure (hypertension)**.

For individuals with no history or significant risk of **heart disease**, the evidence indicates that aspirin’s best medical benefit is limited to temporary pain relief. Such “low-risk” individuals should explore with their physician if the risks associated with taking aspirin outweigh its potential benefits.

CHELATION THERAPY

Commonly used to treat toxic conditions such as lead poisoning, chelation (kee-LAY-shun) therapy is an experimental treatment for certain progressive heart diseases, including **coronary artery disease**.

Organizations such as the **American Heart Association** point out that there is not enough evidence to justify the widespread use of this treatment. Although some people have reported improvement or even a cure from chelation therapy, it is an expensive and time-consuming treatment that involves a series of up to 30 infusions of a *chelating agent*. The hope is that the chelating agent will bind to calcium and remove **calcified plaque** from the **arteries**. However, more research is necessary before concluding whether or not this treatment is a safe and effective option in the prevention and/or treatment of heart disease..

EBCT

EBCT (ultrafast CT scan)

Also known as *electron-beam computed tomography*, ultrafast computed tomography (ultrafast CT) is a **noninvasive** imaging technique for taking multiple clear pictures of the beating heart and the calcium in the **coronary arteries**. The goal of this test is to measure the calcium deposits in the coronary arteries, which gives the physician a good indication of how much hardened or *calcified plaque* has built up within those arteries. This hardened plaque could represent the degree of “hardening of the arteries”

(**atherosclerosis**) and subsequent risk of damage to the heart.

An ultrafast CT scan is generally painless and takes only a few minutes. Based on the results, the physician may be able to predict whether the patient will have a cardiac event (e.g., a **heart attack**) or will need a cardiac procedure (e.g., diagnostic **coronary angiogram**) at some time in the immediate future. The test may also help the physician assess whether a patient’s **chest pain** is indeed related to a heart attack. If plaque is detected, this may also encourage the patient to modify his or her lifestyle (e.g., eating a **heart-healthy diet** and getting regular **exercise**) to prevent additional plaque build-up. A negative or low calcium score generally implies a low risk for future coronary artery blockages and coronary events. However, some physicians dispute the accuracy of predictions that are based on low calcium scores. The correct use of these test results continues to be very controversial among cardiologists around the country, and most insurance companies do not cover costs related to ultrafast CT. The physician will often recommend additional tests (e.g., an **exercise stress test** or **nuclear stress test**), other diagnostic measures (e.g., **cardiac catheterization** or **echocardiogram**) and medicines to treat the underlying atherosclerosis.

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Barry Jucha MSET 110 shown here with his Gold Wing.



Left to right. D.P.S. Pilot, STAR Flight Pilot, Barry MSET-110 and Ray MSET103



Scott & White STAT Air giving a tour of their craft.

**Heart Disease Quiz
Answers**

Q1. Answer: The correct answer is [a] **A chronic disease in which the coronary arteries have hardened and narrowed, leaving less room for blood to flow through**

Coronary artery disease is a chronic condition in which the coronary arteries have hardened and narrowed (*atherosclerosis*). As a result, there is less room for blood to flow through. Therefore, heart patients may have episodes in which their heart is not getting enough oxygen-rich blood (*cardiac ischemia*). If the heart is severely deprived of oxygen-rich blood, then patients may have a heart attack.

Q2. Answer: [d] The correct answer is **All of the above** Coronary artery disease (CAD), also known as coronary heart disease (CHD), is the leading cause of premature disability and death in the United States, claiming the lives of almost half a million people every year. When other forms of cardiovascular disease are also taken into consideration, the number doubles to almost a million American lives being lost to cardiovascular disease every year.

Q3. Answer: [b] The correct answer is **High HDL cholesterol level.** A high HDL ("good") cholesterol level actually protects people against heart disease. It helps carry LDL ("bad") cholesterol away from the arteries and to the liver before leaving the body altogether. In contrast, smoking, excess weight and lack of exercise are all major risk factors for heart disease.

Q4. Answer: [b] The correct answer is **False** Cardiologists have excellent treatments for heart disease, but there is no known cure. Treatments include medications, angioplasty/stenting and bypass surgery. Lifestyle changes such as getting regular exercise, eating a heart-healthy diet and not smoking are also strongly recommended. However, we have yet to find a true cure for heart disease.

Q5. Answer: [c] The correct answer is **20-30%** About 20-30% of heart patients have no symptoms from their heart disease. In fact, some patients may even experience something called a *silent heart attack*, which is just as damaging as a painful heart attack but without the symptoms.

Q6 Answer [a] The correct answer is **Angiogram** An angiogram requires a very small incision, usually in the upper thigh or wrist, through which a catheter can be inserted through a blood vessel and up to the heart. Once the catheter is in place, the physician can inject a dye through the catheter and into the coronary arteries, allowing a very clear type of x-ray (*angiogram*) to be taken. The EKG, echocardiogram and treadmill stress test are painless.

Q7 Answer: [d] The correct answer is **All of the above** High, uncontrolled levels of stress, depression and cholesterol have been associated with an increased risk of heart disease. They have also been associated with other types of cardiovascular disease, such as stroke. Therefore, preventing heart disease involves emotional as well as physical health.

Q8. Answer: [a] The correct answer is **True** With rapid advances in gene research, the spokesperson predicted that an entire health system based on genetics would in place by the year 2030. The spokesperson also predicted the availability of 1) a select number of genetic tests and prevention strategies by 2010, and 2) genetically targeted medications by 2020. In 1997, the American Heart Association listed gene therapy as one of the most important areas of research, and it continues to be hotly pursued by researchers from around the world.

Q9 Answer: [b] The correct answer is **Chelation therapy.** Chelation therapy is not recommended by the American Heart Association (AHA) due to a lack of evidence. In contrast, the AHA described external counterpulsation as "a noninvasive technique to improve heart function," and described EBCT as "particularly useful" in some circumstances.

Q10 Answer: [a] The correct answer is **True** Cardiac Syndrome X is a condition in which patients have symptoms of coronary artery disease (CAD) but none of the typical signs (e.g., hardening and narrowing of the coronary arteries). A number of possible causes have been proposed, but further research is necessary to understand the syndrome more completely. Cardiac Syndrome X should not be confused with Metabolic Syndrome X, which is a set of risk factors for heart disease that clusters in some people.

HAM-COM 2004

(Continued from Page 2)

Outdoor Flea Market pricing has been reduced to \$20.00 per space for the 2004 event. Spaces are allocated on a first-come, first-served basis.

Please see the posted policy at <http://www.hamcom.org/> for details.

There are still plenty of Indoor Flea Market tables available-these will go fast, so don't wait too long! REMEMBER: Ham-Com is much more than a Hamfest! The DX community's well-planned agenda of speakers and forums draws record crowds. Ham-Com is one of Amateur Radio's "must attend" events. Other interest groups are following the DX'ers lead and make our line-up of programs and extra events big attractions for a wide range of Amateur Radio enthusiasts.

This year, Ham-Com is host to the ARRL West Gulf Division Convention and will feature several guest speakers. They include:

- Jim Haynie, W5JBP, ARRL President, will speak on current topics including license restructuring and BPL.

- Riley Hollingsworth, K4ZDH, of the FCC's Enforcement Division will provide the keynote address and host an open panel discussion. Other features at this year's event include:

- The Lone Star DX Luncheon.
- The Wouff Hong Award Ceremony.
- Mark Spencer, WA8SME, ARRL "Big Project" Manager, with comprehensive information about educational materials available to schools.

- An enhanced SKYWARN session and other interesting programs by the National Weather Service Fort Worth, TX office.

- A one-day Radio Merit badge session for Boy Scouts of America Plus, a comprehensive series of presenters and forums by:

- The Lone Star DX Association
- The North Texas APRS Workshop

- The North Texas QRP Club
- The North Texas Microwave Society

Your participation is vital to this event and it is well worth your time to attend. Ham-Com is manned and managed by volunteers from its Board

of Directors and many North Texas Ham Radio Clubs. There are no paid employees of Ham-Com, Inc. Bill Nelson, AB5QZ, is President of the Board. Don Smith, W5DS, and Dr. Byron Landress, W5IBE, are Directors Barry A. Goldblatt, WA5KXX, President of the Plano Amateur Radio Klub (PARK) is the Chairman for the 2004 event. Bob Peters, W1PE, is Commercial Exhibitor Chairman.

You can contact us via phone or FAX at 214-361-7574, send e-mail to: chairman@hamcom.org or visit our web site:

<http://www.hamcom.org/>.

We look forward to seeing you at Ham-Com 2004!

Information on all of the Ham events going on at any time is always available at:

<http://www.austinhams.org>

For all of the latest and most accurate information on the Austin Ham community visit: www.austinhams.org

Travis County REACT Team 3022 The Bicentennial Team Is actively recruiting volunteers. Go to the web site at www.texasreact.org/travis for more information and/or to volunteer. REACT is a 501 C 3 nonprofit community service organization. Really interested in doing something for your community : see how REACT can help you to help others.

BACA Bikers Against Child Abuse

Motorcycle Special Events Team of Texas



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**We're on the Web!
See us at:
www.mset-tx.org**

Bikers Against Child Abuse (BACA) exists with the intent to create a safer environment for abused children. We exist as a body of Bikers to empower children to not feel afraid of the world in which they live. We stand ready to lend support to our wounded friends by involving them with an established, united organization. We work in conjunction with local and state officials who are already in place to protect children. We desire to send a clear message to all involved with the

abused child that this child is part of our organization, and that we are prepared to lend our physical and emotional support to them by affiliation, and our physical presence. We stand at the ready to shield these children from further abuse. We do not condone the use of violence or physical force in any manner, however, if circumstances arise such that we are the only obstacle preventing a child from further abuse, we stand ready to be that obstacle.

What We Do and Who We Are:

We use our motorcycles and ham radios to provide communications for non-profit events. We have helped with the following events in the past: 3 M Half Marathon, Outlaw 100 Bike Trail, MS-150, Ride for the Roses, Capital 10K Fun Run, and the Katy Flatlander. As an added bonus, most of our motorcyclist are trained in First Aid and are First Responder qualified. Some members are Texas Department of Health Certified Emergency Care Attendants and Emergency Medical Technicians. Add that with motorcycle mobility and reliable two-way radio communications you have a pretty special team to help an event run smoothly and safely.

That is why we are named the "Motorcycle Special Event Team" and since we are not limited to just Austin we added "Texas" to our name.

If you or somebody you know of is in charge of an event and would like to discuss using our services please contact us. ray@mset-tx.org We are recognized as a non-profit organization under 501(c)(3) of the Internal Revenue Code. All donations are tax-deductible to the extent permitted by law. We do not charge for our services and are supported solely by charitable contributions and grants.

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