

The American Society of PeriAnesthesia Nurses



Summer/Fall 2009 Seminar Series

Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum

Presented by:

Denise O'Brien MSN RN ACNS-BC CPAN CAPA FAAN

Date: Saturday, November 14, 2009

Time: 7:30 A.M. Registration
Continental breakfast - Lunch is on your own

Program Time: 8:00 A.M. – 4:55 P.M.

Location: Stoney Creek Inn
101 18th Street
Moline, IL 61265 (309) 743-0101
www.stoneycreekinn.com

Topics Include:

- ▶ Innovative Approaches to Cardiovascular Issues ▶ A is for Airway, B is for Breathing, C is for Challenges
- ▶ Can You Keep Up? Old Drugs, New Uses; New Drugs, Old Uses ▶ What do the ASPAN Standards say About... ▶ Best Practices: What We Know Now!

Target Audience:

Ambulatory and perianesthesia nurses, procedural nurses, and nurses interested in enhancing their knowledge base in perianesthesia care.

Purpose/Goal:

To provide nurses practicing in the ambulatory and perianesthesia setting with current evidence based information related to the care of patients undergoing operative interventional and diagnostic procedures.

Overall Program Objectives:

1. Review complex cardiac techniques and their implications for perianesthesia nurses
2. Review complex respiratory disorders and their implications for perianesthesia nurses

7.25 Contact Hours

The Registration Form is on the back of this page, please photocopy and pass along to other interested colleagues.

American Society of PeriAnesthesia Nurses (ASPAN) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Accreditation does not imply that ASPAN or ANCC approves or endorses any product included in the activity. Provider numbers: Alabama #ABNP0074, California #CEP5197, Florida #50-114.

ASPAN the Leader in Perianesthesia Education



***** **PLEASE NOTE:** ASPAN has taken the "Go Green" Initiative. A printed syllabus will no longer be provided with on-site materials. Your registration confirmation letter will contain a web link to a website, where you may view (and/or print, if you so desire) the handout. Handouts will not be available on site.*****

Fee Schedule

- ASPAN Member: Early Bird Fee (4 weeks prior to seminar)..... \$115.00
- ASPAN Member Regular fee.....\$152.00
- ASPAN Member with certification (CAPA/CPAN) may deduct \$10.00 from registration fee. Provide Certification Number: _____
- ASPAN Non-Member: Early bird Fee (4 weeks prior to seminar)..... \$173.00
- ASPAN Non-Member: Regular Fee.....\$210.00
- Student (unlicensed only)..... \$ 36.00

- Group discounts (excluding students): four or more registrations **received at the same time (mail or fax only)**, each receive a \$10.00 discount. All forms and checks must be received at the same time **no exceptions**.

Cancellation Policy

- Full refund upon receipt of written notice of cancellation, postmarked 30 days or more preceding seminar date; 20% administrative fee for any cancellation postmarked 29 or less days preceding seminar date to 48 hours prior at which time there is no refund. Refund will be determined by the date notice is received in the ASPAN National office in Cherry Hill, NJ.
- ASPAN reserves the right to substitute speakers if necessary.
- ASPAN reserves the right to cancel a seminar due to insufficient enrollment or any unforeseen circumstances. All fees will be fully refunded.
- ASPAN cannot be responsible for limited enrollment due to room sizes in some facilities.

Register Early – space is limited!

Disclosure Statement: All faculty at nursing continuing education activities are required to disclose to the audience (1) any significant financial relationship with the manufacturer(s) of any commercial products, goods or services and (2) any unlabeled/unapproved uses of drugs or devices discussed at their presentations. Such disclosures will be made in writing in the course presentation materials

Registration Form: Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum, Saturday, November 14, 2009, Moline, IL (CCPN967)

Please print or type. Use a separate form for each registrant. Duplicate as needed.

Name: _____ ASPAN Member # _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Fax: _____

E-mail: _____

Method of Payment:

Check (Payable to ASPAN, drawn on U.S. Bank in U.S. funds)

VISA

Master Card

American Express

Card Number: _____ Expiration Date: _____

Signature: _____

Federal ID# 1024058

FOR MORE INFORMATION OR TO RETURN THIS FORM

Phone: (877) 737-9696, Ext. 19

Fax: 856-616-9601

Registration Manager ASPAN
10 Melrose Avenue, Suite 110
Cherry Hill, NJ 08003

Register on-line at www.aspan.org