



ASPAN

American Society of PeriAnesthesia Nurses

ASPAN Select Seminar Series

ASPAN Select 2 – Gainesville, FL

Date: Saturday, February 9, 2019

Registration: 8:30 AM – 9 AM

Program Time: 9 AM – 11:30 AM

Evaluations (Online): 11:30 AM – 11:45 AM

Location: UF Health – Shands Cancer Hospital
Auxiliary Conference Center (South Tower)
1st Floor, Room 1204
1515 SW Archer Road
Gainesville, FL 32610
www.ufhealth.org/auxiliary-conference-center

Pre-Recorded Modules Include:

- ▶ ASPAN Standards – Terry Clifford, MSN, RN, CPAN, CAPA, FASPAN
- ▶ Caring for Patients with PTSD/PTSS – Meg Beturne, MSN, RN, CPAN, CAPA

Target Audience:

All perianesthesia nurses

Outcome:

To enable the nurse to increase knowledge on perianesthesia standards of care and the care of patients with PTSD/PTSS

Overall Program Objective:

Discuss the ASPAN Standards and patient care priorities for the PTSD/PTSS patient

Case Presentations:

Any case studies discussed during the seminar are fictional and do not reflect any real persons or events

Disclosure Statement:

All planners and presenters at continuing nursing education activities are required to disclose to the audience any significant financial relationships with the manufacturer(s) of any commercial products, goods or services. Such disclosures will be made in writing in the course presentation materials.

2.5 Contact Hours

*The Registration Form is found 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 (ANCC-COA).



Additional provider numbers:
Alabama #ABNP0074
California #CEP5197

<p>Fee Schedule</p> <p><input type="checkbox"/> ASPAN Member Fee.....\$23.00</p> <p><input type="checkbox"/> Non-Member Fee.....\$62.00</p> <p>Please note that registration cannot be accepted or processed unless accompanied by appropriate tuition payment. ASPAN will not reserve seats for registrations received without payment.</p> <p>Register online at www.aspan.org under EDUCATION, ASPAN Webcasts and Seminars, ASPAN Select Seminars.</p> <p>You must be logged in to register. If you do not have an account, you will need to create a new account.</p> <p>Onsite registrations are not accepted. You must register at least one week prior to the event.</p>	<p>Cancellation Policy</p> <p>■ Full refund upon receipt of documented notice of cancellation postmarked 30 days or more preceding seminar date. An administrative fee of 20% will be charged for any cancellation postmarked 29 days or less preceding one week of the seminar date. Please note that seminars cancelled within one week or less of the seminar date will <u>not</u> be eligible for a refund. This cancellation policy applies regardless of when you register. Refund will be determined by the date notice is received in the ASPAN National Office in Cherry Hill, NJ.</p> <p>■ ASPAN reserves the right to cancel a seminar due to insufficient enrollment or any unforeseen circumstances. All fees will be fully refunded.</p> <p>■ ASPAN cannot be responsible for limited enrollment due to room sizes in some facilities.</p> <p style="text-align: right;">Register Early - space is limited!</p>
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Please visit www.aspan.org for FULL details about our programs.

REMEMBER: A printed syllabus will not be provided.

- ❖ A link to the handout will be on your statement and will be sent to you in an emailed confirmation letter, upon your registration.
- ❖ It is your decision to print all or part of the handout and bring it with you or to download the material to your computer. Wi-Fi will not be available the day of the seminar.

DO NOT DETACH. Please send back entire form. Please print or type. Use a separate form for each registrant. Duplicate as needed.

Registration Form: ASPAN Select 2, Gainesville, FL, Saturday, February 9, 2019 (AS2GFL1905)

Name: _____ ASPAN Member # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Work, Home, Cell): _____ Fax: _____

Email (mandatory): _____

*** (Confirmation & Handout link delivered via email)***

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# 06-1024058

FOR MORE INFORMATION OR TO RETURN THIS FORM

ASPAN Seminars
90 Frontage Road
Cherry Hill, NJ 08034-1424
Register online at www.aspan.org

Phone: (877) 737-9696, Ext. 219 Fax: (856) 616-9601
***Please note: Registration is not taken over the phone