Refresh Your Perianesthesia Practice

Presented by:

Jacque Crosson, DNP, RN, CPAN, FASPAN

Date: Saturday, September 21, 2019

Time: 7:30 AM Registration
AM Coffee/tea service – LUNCH IS ON YOUR OWN
Program Time: 8:00 AM – 4:55 PM

Location: Holiday Inn Great Falls
1100 5th Street S
Great Falls, MT 59401
https://www.ihg.com

Topics Include:
► Exploring Orthopedic Surgery
► Neurological Issues in Perianesthesia Care
► Meeting the Challenge of Chronic Pain in the Perianesthesia Setting

Target Audience:
All perianesthesia nurses

Outcome:
To enable the nurse to increase knowledge in the care of the complex perianesthesia patient

Overall Program Objective:
Review current complex clinical topics and their implications for perianesthesia nurses

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.

7.25 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 with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation (ANCC-COA).

ASPAN - The Source for Perianesthesia Education
**Fee Schedule**

- ASPAN Member Early Bird Fee - Ends 8/24/19 (4 weeks prior to seminar).................................$115.00
- ASPAN Member Regular Fee.................................................$152.00
- ASPAN Member with CAPA'/CPAN' certification may deduct $5.00 from registration fee.
  Provide Certification Number: ______________________
- Non-Member Early Bird Fee (4 weeks prior to seminar).................................$173.00
- Non-Member Regular Fee.................................................$210.00
- ASPAN Student Member (unlicensed only/no contact hours).........................$ 36.00
  Must provide copy of student ID
- Group discounts (excluding students): four or more registrations received at the same time (mail or fax only), each receives a $10.00 discount. All forms and checks must be received at the same time; no exceptions.

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.

Please visit [www.aspan.org](http://www.aspan.org) for a copy of the seminar brochure which contains FULL details about our programs. Registering at the event is NOT recommended. If you are not pre-registered, please call 1-877-737-9696 x 219 the week prior to the seminar to verify the seminar status.

**Cancellation Policy**

- 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 not 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.
- 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**

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**Refreshing Your Peri-anesthesia Practice, Saturday, September 21, 2019, Great Falls, MT (RPP958)**

Name: ____________________________ ASPAN Member # ____________________________

Address: ____________________________

City: ____________________________ State: ____________ Zip: ____________

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

Email (mandatory): ____________________________ *** (Handout link is 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: ____________________________

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**FOR MORE INFORMATION OR TO RETURN THIS FORM**

Email: digramp@aspan.org

Phone: (877) 737-9696, Ext. 219 Fax: (856) 616-9601

**Please note: Registration is not taken over the phone**