

# *Vascular Seminar*

## **24<sup>TH</sup> November 2017**

<b>WHEN</b>	Friday 24 <sup>th</sup> November 2017
<b>TIME</b>	8am – 4.00pm
<b>WHERE</b>	Lecture Theatre Level 3 - Royal Newcastle Centre John Hunter Campus
<b>COST</b>	\$50 Morning Tea and Lunch provided
<b>REGISTRATION</b>	Secure your place and RSVP using attached form by 3 <sup>rd</sup> November 2017
<b>AUDIENCE</b>	Nurses, Allied Health and Medical Staff 6 Professional Development Hours
<b>ENQUIRIES</b>	Directed to Lee Davidson 4921 4510 ( <a href="mailto:lee.davidson@hnehealth.nsw.gov.au">lee.davidson@hnehealth.nsw.gov.au</a> )

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## 24<sup>th</sup> November 2017

### SCHEDULE OF EVENTS

8.00am	<b>Registration</b>
8.15am	<b>Welcome</b> Cath Levey, Service Manager, JHH
8.30am	<b>Pseudoaneurysm</b> Dr Ching Cheng, Vascular Registrar, JHH
9.00am	<b>Thrombolysis</b> Dr Nicole Organ Senior Staff Specialist, Director Vascular Surgery JHH
9.30am	<b>Carotid – Post Operative Management</b> Dr Kirrily Warren, Vascular Fellow, JHH
10.00am	<b>Morning Tea</b>
10.30am	<b>START Program</b> Kylie Fairhurst CNS; Rehabilitation Assessment Nurse
11.00am	<b>Pain</b> Belinda Mikealian, CNS Cardiothoracic/Vascular Surgery & RN APS/HIPS JHH
11.30pm	<b>Wound Care</b> Morgan Johnson, CNS Cardiothoracic/Vascular Surgery JHH
12.00 MD	<b>Toe Pressures/ Dopplers</b> Adam Tolfree
12.30pm	<b>Lunch</b>
1.15pm	<b>Hands on Session – Adam – Tour of u/s; Hartmanns – Compression Bandaging; KCI – VACs; Sanofi – Clexane trade display</b>
3.15pm	<b>Evaluation / Close</b>
3.30pm – 5pm	<b>ANZVN General Meeting Supper Session (Optional)</b>



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### COURSE REGISTRATION

#### VENUE

Lecture Theatre – Level 3 - Royal Newcastle Centre  
John Hunter Hospital Campus, New Lambton  
Registration – Royal Newcastle Centre Foyer - level 2

#### NUMBERS

Places are strictly limited to 150. Once places are filled, payment will be refunded and a waiting list created.

#### REGISTRATION

To register please complete and return attached form  
**Please note that places cannot be reserved until payment has been received**

#### CANCELLATION POLICY

Cancellation >21 calendar days prior – full refund  
Cancellation <21 calendar days prior – full refund if place can be filled from waiting list

**No refunds for cancellations within 14 days of course**

We reserve the right to cancel at short notice any course for reasons of equipment malfunction, unavailability of instructors or other unforeseen circumstances. In the event of cancellation, every effort will be made to re-schedule the course. Refunds will be provided in this instance.

#### PARKING

\$10 per day – Car Park 6  
JHH Campus



Health  
Hunter New England  
Local Health District

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### REGISTRATION FORM/TAX INVOICE

ABN: 63 598 010 203

Please complete the registration form and deliver to:

Attention: Lee Davidson, Cardiothoracic Unit - F3,  
C/- Division of Surgery, John Hunter Hospital,  
Locked Bag 1, HRMC, NSW 2310  
Phone: 4921 4510 Fax: 4921 4544  
Closing Date: 3<sup>rd</sup> November 2017

Personal details:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Position: \_\_\_\_\_

Hospital: \_\_\_\_\_ Ward/unit: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

\*We may need to contact you at short notice in the event of course date changes.

How did you hear about this course? \_\_\_\_\_

Do you have any Dietary requirements? \_\_\_\_\_

Payment (including GST) \_\_\_\_\_ \$50

Payment options:

**Cheque / Money order** (made payable to HNE Local Health District, send to L Davidson.  
A receipt will be posted to you)

**Credit Card/EFTPOS/Cash** (pay in person at Cashiers Office, located on level 2 JHH)  
(Please attach a copy of your paid receipt for your registration form to be accepted)

**Credit Card details** (details given to Cashiers Office, JHH. A receipt will be posted to you)

Full name on credit card: \_\_\_\_\_

Visa or MasterCard: \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_

Full number on credit card: \_\_\_\_\_

Postage Address (for receipt): \_\_\_\_\_

