

**Breathing Easier VII: It's All About Oxygen**  
Oxygen Delivery and the Pulmonary Patient  
**October 16, 2008**  
**Four Points Sheraton Norwood Hotel and Conference Center**



Presented by New England Sinai Hospital. Jointly sponsored by Tufts University School of Medicine, New England Sinai Hospital and Tufts Medical Center Pulmonary, Critical Care and Sleep Division

**Registration Form**

Name: \_\_\_\_\_

Discipline (please circle all that apply) MD PA RT RN NP PT OT Other: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Address (Home or Business): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

The above information will be included in the roster published in the symposium syllabus. If there is any information you do not want published, indicate below:

<b>Do not publish:</b> Name <input type="checkbox"/>	Title <input type="checkbox"/>	Organization <input type="checkbox"/>	Address <input type="checkbox"/>	Phone <input type="checkbox"/>	Fax <input type="checkbox"/>	E-mail <input type="checkbox"/>
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CMEs, CEUs (other than nursing & social work) and Certificates of Attendance will be mailed to you at the address listed above. If you prefer these be mailed to another address, indicate below:

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

Special Needs: Vegetarian meal \_\_\_\_\_ / Special requirements: \_\_\_\_\_

**Concurrent Workshop Registration:** Please choose the pre-symposium workshop you will attend.

\_\_\_\_\_ (7:30 AM) *The Role of Hyperbaric Oxygen in Wound Care*

\_\_\_\_\_ (7:30 AM) *Oxygen Delivery Systems: Performance variables that may affect outcomes*

\_\_\_\_\_ (7:30 AM) *Pressure Ulcer Staging and Assessment*

**Registration Fee and Tuition: \$150 (Early Bird Discount \$125 Deadline September 5, 2008)**

Includes pre-symposium morning workshop, afternoon symposium tuition, conference materials and luncheon.

**Make checks payable to: New England Sinai Hospital**

Cancellation Policy - \$125 Refund will be granted with cancellation before September 26, 2008

Check       Visa       MasterCard      Amount enclosed: \$ \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Card holder: \_\_\_\_\_ Signature: \_\_\_\_\_

**For additional information call: 781-297-1337 or email: [dmadera@nesinai.org](mailto:dmadera@nesinai.org)**

Please print form, complete and return with payment. If paying with check mail to address below. If paying with credit card **fax to 781-297-7509**. Registrations are due by October 5, 2008.

Complete & mail to:  
**New England Sinai Hospital**  
150 York Street  
Stoughton, MA 02072  
Attn: Darlene Madera