

Breathing Easier IX: Living with Pulmonary Disease

October 13, 2010

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 CM Other: _____

Company/Organization: _____ Title: _____

Address (Home or Business): _____

Phone: _____ Fax: _____

Email: _____

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 one pre-symposium workshops for each time

Workshop Session I at 7:30 AM

_____ A. Using teamwork to improve evidence-based respiratory care

_____ B. Home mechanical ventilation

_____ C. Prolonged mechanical ventilation

Workshop Session II at 8:30 AM

_____ A. Using teamwork to improve evidence-based respiratory care

_____ B. Home mechanical ventilation

_____ C. Prolonged mechanical ventilation

Registration Fee and Tuition: **\$150 (Early Bird Discount \$125 Deadline September 8, 2010)**

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 22, 2010

Check Visa MasterCard American Express Amount enclosed: \$ _____

Credit card number: _____ Expiration date: _____

Card holder: _____ Signature: _____

For additional information call: 781-297-1337 or email: 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 6, 2010.

Complete & mail to:

New England Sinai Hospital

150 York Street

Stoughton, MA 02072

Attn: Darlene Madera