



# ASPAN

American Society of PeriAnesthesia Nurses

Summer/Fall 2017 Seminar Series

## *Foundations of Perianesthesia Practice*

Presented by:

**Lois Schick, MN, MBA, RN, CPAN, CAPA**

**Date:** Saturday, October 28, 2017

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**Time:** 7:30 AM Registration  
AM Coffee/tea service - **LUNCH IS ON YOUR OWN**

**Program Time:** 8:00 AM - 4:55 PM

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**Location:** Holiday Inn Bozeman  
5 E Baxter Lane  
Bozeman, MT 59715  
[www.ihg.com](http://www.ihg.com)

**Topics Include:**

- ▶ Preanesthesia and Preoperative Assessment
- ▶ Anesthetic Agents and Techniques
- ▶ Postanesthesia Complications and Emergencies
- ▶ PACU Assessment and Discharge Criteria
- ▶ ASPAN Standards

**Target Audience:**

All perianesthesia nurses

**Outcome:**

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

**Overall Program Objective:**

Review foundational topics essential for all levels of nurses in the perianesthesia setting

**Case Presentations:**

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

### 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 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.

**ASPAN - The Source for Perianesthesia Education**

**Fee Schedule**

- ASPAN Member Early Bird Fee - **Ends 9/30/17**  
(4 weeks prior to seminar).....\$115.00
- ASPAN Member Regular Fee.....\$152.00
- ASPAN Member with CAPA®/CPAN® certification  
may deduct \$10.00 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.

**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!**

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.

**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.

***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.*

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

**Registration Form: Foundations of Perianesthesia Practice, Saturday, October 28, 2017, Bozeman, MT (FPP753)**

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: \_\_\_\_\_

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](http://www.aspan.org)

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