

Healthcare Sponsors

California Pacific Medical Center
Mills-Peninsula Health Services
St. Luke's Hospital

Saint Francis Memorial Hospital
University of San Francisco, School of Nursing
University of California at San Francisco, Medical Center
San Francisco Veterans Affairs Medical Center

John Muir Health – Walnut Creek Campus
Saint Mary's Medical Center
San Francisco Jail Health Services

Course Description/Objectives

This program will provide some of the latest advances in the practice of Medical-Surgical Nursing which will help nurses meet the complex needs of their patient populations.

At the completion of the program, participants will be able to:

- Describe the latest advances in the practice of clinical nursing for the medical/surgical nurse.
- Describe ways of addressing our patients' needs and expectations given the many variables that exist in today's health care environment.

Continuing Education Credit

Approved by the Board of Registered Nursing, CEP #12980 for six (6) contact hours per conference day. No partial credit given. Participants must attend entire day of conference to receive CE credit. Certificates will be given out at end of each day.

Registration Information

Registration Fees: See table below.

Discount Fees: Applies to nursing staff of healthcare sponsors and full-time nursing students. School or facility ID must be presented on the day of the program.

Cancellation Policy: Full refund minus \$20 processing fee given for cancellations postmarked by March 20, 2010. NO refunds will be given for cancellations postmarked after March 20, 2010

Program Cancellation: In the event of a cancellation for any reason, the liability of the Medical-Surgical Nursing Conference shall be limited to a full refund of registration fee.

Program Substitutions: We reserve the right to substitute a topic or a speaker.

Additional Information: Call (415) 422-2028 or (415) 472-1894 or email: lynch@usfca.edu

Make Check Payable to: Medical-Surgical Nursing Conference.

On-Line Registration: www.med-surg.org

Confirmation: Confirmation will be by card or email

..... **Registration Form** **20th Annual Medical-Surgical Nursing Conference – April 8 and 9, 2010**

Name _____

Address _____ City/State/Zip _____

Employer/School _____

Email Address _____

Phone (H) _____ (W) _____ License # _____

Classification: RN LVN Full-time Student Other _____

Payment Method

____ Check enclosed made payable to the Medical-Surgical Nursing Conference

____ Charge my VISA/MasterCard # _____ Expiration Date: _____

Signature: _____

<i>Please check the appropriate box below:</i>		Advance Registration	Registration Postmarked After March 20, 2009	On-Site Registration
Registration Fees	One Day <i>Specify Day:</i> <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180	<input type="checkbox"/> \$195
	Two Days	<input type="checkbox"/> \$250	<input type="checkbox"/> \$260	<input type="checkbox"/> \$275
Discount Fees <i>(see above registration information)</i>	One Day <i>Specify Day:</i> <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th	<input type="checkbox"/> \$140	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165
	Two Days	<input type="checkbox"/> \$200	<input type="checkbox"/> \$210	<input type="checkbox"/> \$225

Return the completed form with check or credit card information to:
Medical Surgical Nursing Conference, 2130 Fillmore Street, PMB #348, San Francisco, CA 94115