



ASPAN

American Society of PeriAnesthesia Nurses

ASPAN Select Seminar Series

ASPAN Select 2 Madison, WI

Date: Saturday, March 6, 2021

Registration: 7 AM - 7:30 AM

Program Time: 7:30 AM - 11 AM

Location: UnityPoint Health - Meriter Hospital
Mendota Room
202 S Park Street
Madison, WI 53715
<https://www.unitypoint.org/madison>

Pre-Recorded Modules Include:

- ▶Anesthetic Agents and Techniques - Linda Ziolkowski MSN RN CPAN
- ▶Caring for the Obstetrical Patient - Terry Clifford MSN RN CPAN CAPA FASPAN

Target Audience:

All perianesthesia nurses

Outcome:

To enable the nurse to increase knowledge on anesthetic agents and techniques, and the care of the obstetrical patient

Overall Program Objective:

Discuss commonly used anesthetic agents and techniques, and the care of the OB patient in the perianesthesia setting

Case Presentations:

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

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.

3.5 Contact Hours

American Society of PeriAnesthesia Nurses, (ASPAN) is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Association Credentialing Center's Commission on Accreditation.



Provider approved by the California Board of Registered Nursing, Provider Number CEP5197, for 3.5 contact hours.

Additional provider numbers: Alabama ABNP0074.

<p>Fee Schedule</p> <p><input type="checkbox"/> ASPAN Member Fee.....\$23.00</p> <p><input type="checkbox"/> Non-Member Fee.....\$62.00</p> <p>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.</p> <p>Register online at https://learn.aspan.org.</p> <p>You must be logged in to register. If you do not have an account, you will need to create a new account.</p> <p>Onsite registrations are not accepted. You must register at least one week prior to the event.</p> <p>Please note that if you have the RETIRED Membership status, you cannot earn contact hours through ASPAN. Please contact the National Office to update your membership to ACTIVE, if you wish to receive contact hours.</p>	<p>Cancellation Policy</p> <p>■ 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 <u>not</u> 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.</p> <p>■ ASPAN reserves the right to cancel a seminar due to insufficient enrollment or any unforeseen circumstances. All fees will be fully refunded.</p> <p>■ ASPAN cannot be responsible for limited enrollment due to room sizes in some facilities.</p> <p style="text-align: center;">Register Early – space is limited!</p>
<p>REMEMBER: A printed syllabus will not be provided.</p> <ul style="list-style-type: none"> ❖ A link to ASPAN Learn 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 <u>not</u> be available the day of the seminar. 	

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

Registration Form: ASPAN Select 2, Madison, WI, Saturday, March 6, 2021 (AS2MWI2146)

Name: _____ ASPAN Member # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Work, Home, Cell): _____ Fax: _____

Email (mandatory): _____

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

ASPAN Seminars
 90 Frontage Road
 Cherry Hill, NJ 08034-1424
 Register online at <https://learn.aspan.org>