

Light Your Fire

This educational presentation has been developed to provide health care professionals with comprehensive, state-of-the-art clinical information and techniques for improving clinical practice and wound, ostomy, and continence therapy.

COURSE OBJECTIVES

Upon completion of the presentations, participants will be able to:

- Discuss challenges and alternative methods of wound, ostomy, and continence nursing therapies
- Discuss the unique challenges presented to the WOCN by bariatric and burn patients.
- Define practice, educational, and professional perspectives in WOCN

CONTINUING EDUCATION

Provider approved by the California Board of Registered Nursing #03602.
The 3 Day Conference provides 15 contact hours

EDUCATION COORDINATOR

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Pacific Coast Region of WOCN
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the lizard lounge

DINNER SHOW

THURSDAY, SEPTEMBER 30, 2004
— 7PM UNTIL 11PM —

Join in the Dinner, The Song, and the Dance at the Lizard Lounge Dinner Show. This extravaganza is included in the registration for seminar participants. You can bring a guest for the low price of \$50.00. Please fill your guest's name on the attached registration form and include the dinner fee with your registration. Tickets for admission into the dinner show will be given at time of on-site registration. You and your guest must have a ticket for admission.

Early registration and number of expected guests is imperative so that we can accommodate the appropriate number of dinner guests.



Pacific Coast Region of Wound
Ostomy Continence Nurses Society
is proud to present...

Light Your Fire

In Your Pursuit of Excellence

Wyndham Palm Springs Hotel
888 Tahquitz Canyon Way
Palm Springs, Ca. 92262
1-800-WYNDHAM
www.pcr.org

CONFERENCE DATES SEPTEMBER 30-OCTOBER 2, 2004

THURSDAY, SEPTEMBER 30, 2004

Morning

7AM-8AM	Registration, Continental Breakfast, Exhibits
8:00-8:15	Welcome, Business, Introductions
8:15-9:15	Mikel Gray, PhD, CUNP, CCCN, FAAN Urinary Incontinence and Bladder Retention in the Elderly (1 /CEU C)
9:15-10:10	Paula Erwin-Toth, MSN, RN, ET, CWOCN, CNS Ostomy Care: Enhancing Quality of Life (CEU 1 O)
10:10-11:10	Break and Exhibits
11:10-12:00	Kelly Sparks RN, CWOCN The Mind is Willing but the Flesh is Weak: Sexual Dysfunction (1 CEU C)
12:00PM-1:30PM	Lunch (lunch is on own)

Afternoon

1:30PM-2:45PM	John G. O. Miller, PHD, MD and Christine Rodriguez, P. T. Vascular Issues//Case Study (CEU 1.5 W)
2:45-3:45	Break and Exhibits
3:45-4:35	Elizabeth Baker, RN, CWOCN A Recipe for Salsa: How to heat up your revenue stream. (1 CEU PP)
4:35-5:25	Cliff Kalibjian Author Straight From the Gut: Living with Crohn's Disease & Ulcerative Colitis (1 CEU C)
7:00PM-11:00PM	Lizard Lounge Dinner Show (No Host Bar) Enjoy Dinner, Music, and Dancing (Casual Dress Required)

FRIDAY, OCTOBER 1, 2003

Morning

7:00-8:00AM	Registration, Continental Breakfast, and Exhibits
8:00-8:50	Cynthia Fleck, RN, BSN, ET, WOCN, CWS, DAPWCA No Pain , No Gain? (CEU 1 W)
8:50-9:40	Julia Ball, RN, MSN, PhD Snoozlin Therapy and Pressure Ulcers (CEU 1 W)
9:40-10:40	Break and Exhibits
10:40-11:30	Kathy Whittington, RN, MS, ET, CWCN Beyond Prevalence, Pursuing Incidence (CEU 1 W, PP)
11:30-12:30	Lunch (provided by PCR)

Afternoon

12:30-1:30PM	Exhibits
1:30-2:30	Susan Gallagher, RN, MSN, CNS, CWOCN, PhD The Bariatric Patient, and the WOCN: An Update (CEU 1 W, C, PP)
2:30-2:45	Break
2:45-4:45	General Membership Meeting Enjoy Palm Springs Night Life: Dinner is on your own

SATURDAY, OCT. 2, 2004

Morning

8:00-8:30	Registration and Continental Breakfast
8:30-9:20	Gwen Schroeder, RN Bariatric Surgery: Advantages, Risks, and Clinical Considerations (CEU 1 O, C, W)
9:20-10:20	Elizabeth Quigley, RD Gut Reactions: How Nutrients are Absorbed and What can go Wrong. (CEU 1 O, C, W)
10:20-10:30	Break
10:30-12:00	Sandra Yovino, RN Burn Management (CEU 1.5 W)
12:00-1:00	Colleen Tiedemann, Attorney Documentation of Pressure Ulcers: A Legal Perspective (CEU 1 W, PP)
12:00	Wrap UP & CEUs

Registration Information

Space is limited therefore pre-registration is required.

Registration fees include: Course Admission, handouts, CEU Certificate, Continental Breakfast, Refreshments, Thursday Night Dinner & Dance, and Friday Lunch. Tickets for admission for the Thursday Night Dinner will be sent upon receipt of Registration. These tickets must be presented for admission into the Dinner. Receipts for registration will be available at registration upon request.

Cancellation/Refund Policy: A refund less a \$10.00 administration fee will be made with written cancellation notice received before September 20th. No Refunds will be made after this date.

Registration Fees

Early Registration before September 15th, 2004

3 Day Seminar: WOCN/PCR Members: \$225	Non-WOCN/PCR Members: \$250
1 Day Seminar: WOCN/PCR Members: \$150	Non-WOCN/PCR Members; \$175

Late Registration after Sept. 15th, 2004

Late registration fees apply on any registration postmarked after 9/15/04. No refunds after 9/20/04.

3 Day Seminar: \$300
1 Day Seminar: \$200

Hotel Information

Wyndham Hotel Palm Springs: 888 Tahquitz Canyon Way, Palm Springs, Ca. 92262/ (800)996-3426 or (760)322-6000

Reservations can be made on line: www.wyndham.com

Room Rate: Deluxe Standard single/double: \$89/night Junior Resort Suite \$109/night

A Resort Fee of \$8 per room/day will apply. This fee includes unlimited local phone calls, credit card calls, self-parking, and airport shuttle service upon request. Unless otherwise instructed, this fee will be posted to individual room accounts.

You must reference Pacific Coast Region Wound, Ostomy, Continence Nursing Society when making your reservations. To guarantee this low rate of \$89/night, you must make your reservation by 9/1/04.

REGISTRATION FORM (PLEASE PRINT)

NAME: _____

ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

LICENSE#: _____ RN LVN PT MD CDE NP CWOCN CWCN CWS OTHER _____

WORK AREA: _____ EMPLOYER: _____

ADDRESS: _____ CITY/STATE: _____

REGISTRATON DEADLINE IS SEPTEMBER 15, 2004

Make Checks Payable to: PCR/WOCN
Send To: KAREN GRAY-LEACH, RN, CWCN, COCN, 3911 W. DAMSEN AVE., VISALIA, CA. 93291
Phone: (559) 624-2147 (work)
E-mail: kgray@kdhcd.org

Credit Card Payments: (COMPLETE THE FOLLOWING)

Type of Card: MasterCard Visa Total to be billed: _____

Credit Card Holder: _____

Card #: _____ EXP. Date _____

Signature: _____

Agenda