

# Evidence Review in

# Emergency Medicine 2010

DATES: **Thursday 25 & Friday 26 February 2010**

VENUE: **Crowne Plaza, Terrigal NSW**

## PROGRAMME:

### Thursday 25 February

0900—0930 **Registration**

0930—1130 **Richard Lennon**

Evidence based Paediatrics & Infant Diseases

1130—1200 **Morning Tea**

1200—1330 **4.10 Presentations**

1330—1430 **Lunch**

1430—1530 **Richard Paoloni**

Cardiology Evidence

1530—1630 **Steven Doherty**

Syncope-evidence based risk stratification +/- other aspects

1630 **Close**

1800—1900 **Pre Dinner Drinks**

### Friday 26 February

0900—0930 **Registration**

0930—1130 **Rod Bishop**

Which drug? Evidence behind therapeutic controversies

1130—1200 **Morning Tea**

1200—1300 **Alan Giles**

Challenging Patient Scenarios & Evidence behind their Management

1300—1400 **Lunch**

1400—1600 **Anna Holdgate**

Evidence behind Bugs, Bubs, Foreign Bodies & the evidence of foreigners?

**This scientific meeting consists of small group sessions reviewing and actively discussing the latest evidence in emergency medicine.**

**It is proudly brought to you by the NSW faculty of ACEM in conjunction with the PHEMC group. This meeting has ACEM approval for 4.10 presentations.**



# EVIDENCE REVIEW IN EMERGENCY MEDICINE

Thursday 25 & Friday 26 February 2010

Surname ..... First Name.....

Hospital/Organisation.....Position .....

Address.....

Suburb..... Postcode.....

Email.....

Phone..... Mobile.....

## REGISTRATION

	Before 15 January 2010	After 15 January 2010	
<b>SPECIALIST</b>	\$ 685.00	\$ 735.00	\$ _____
Day Only	\$ 475.00	\$ 525.00	\$ _____
Please indicate which day	_____		
<b>NON SPECIALIST</b>	\$ 635.00	\$ 685.00	\$ _____
Day only	\$ 425.00	\$ 475.00	\$ _____
Please indicate which day	_____		
<b>TRAINEE</b>	\$ 345.00	\$ 345.00	\$ _____
Day only	\$ 245.00	\$ 245.00	\$ _____
Please indicate which day	_____		

## ACCOMMODATION

**Full Registration ( i.e. excluding Trainee) includes accommodation on Thursday 25 & Breakfast on Friday 26 February at the Crowne Plaza**

Please tick that you require accommodation  included

This special conference rate is also available for Wednesday and Friday nights.  
Additional nights are available for \$185.00.

Please indicate extra date/dates you require \_\_\_\_\_ @ \$185.00 \$ \_\_\_\_\_

Breakfasts for partners are available at \$20 \$ \_\_\_\_\_

## TOTAL

\$.....

Tax Invoice (ABN 86 398 340 872). This document will be a Tax Invoice.  
Confirmation and receipt will be sent via email.

I have enclosed a cheque (Made Payable to PHEMC Inc) OR

I wish to pay by credit card:  Visa  Bankcard  Mastercard

Card Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry Date \_\_ / \_\_

Card Holder Name \_\_\_\_\_ Signature \_\_\_\_\_

REGISTRATION BY FAX 02 9481 7652

OR c/- Conference Magic, 7 Fiona Rd, Beecroft, NSW 2119

More information call Denby on 02 9481 7650 or [denby@conferencemagic.com.au](mailto:denby@conferencemagic.com.au)

**FOR ALL 4.10 PRESENTATION ENQUIRIES PLEASE CONTACT  
Shalini Arunanthy on [shalin\\_arunanthy@wsahs.nsw.gov.au](mailto:shalin_arunanthy@wsahs.nsw.gov.au)**