

EVIDENCE REVIEW in EMERGENCY MEDICINE 2011

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



Dates: Thursday 31 March & Friday 1 April 2011

Venue: Crowne Plaza Terrigal NSW

Program: Thursday 31 March

0900—0930

Registration

0930—1130

Rod Bishop

Evidence behind management of Atrial Fibrillation

Controversies relating to Thrombolysis in Stroke

1130—1200

Morning Tea

1200—1330

4.10 Presentations

1330—1430

Lunch

1430—1530

Steven Doherty

Evidence based management of Acute Asthma

1530—1630

Robert Edwards

Evidence for Use of Ultrasound in EM

1630

Close

1800—1900

Pre Dinner Drinks

Friday 1 April

0900—0930

Registration

0930—1130

Richard Paoloni

Evidence behind Fluid Resuscitation

1130—1200

Morning Tea

1200—1300

Chris Trethewy

Evidence for Trauma Centres - the good, the bad and the ugly

1300—1400

Lunch

1400—1500

Stephen Asha

D-dimer and Aortic dissection - review of the evidence

1500—1600

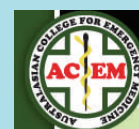
Anna Holdgate

TBA

This meeting 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.

Details www.phemc.org or www.acem.org.au



EVIDENCE REVIEW IN EMERGENCY MEDICINE

Thursday 31 March & Friday 1 April 2011

Surname First Name.....
Hospital/Organisation..... Position
Address.....
Suburb..... State Postcode.....
Email.....
Phone..... Mobile.....

REGISTRATION

	Before 31 January 2011	After 31 January 2011	
SPECIALIST	\$ 715.00	\$ 765.00	\$ _____
Day Only	\$ 485.00	\$ 535.00	\$ _____
Please indicate which day _____			
NON SPECIALIST	\$ 665.00	\$ 685.00	\$ _____
Day only	\$ 425.00	\$ 475.00	\$ _____
Please indicate which day _____			
TRAINEE	\$ 395.00	\$ 395.00	\$ _____
Day only	\$ 295.00	\$ 295.00	\$ _____
Please indicate which day _____			

ACCOMMODATION

Full Registration (i.e. excluding Trainee) includes accommodation on Thursday 31 March & Breakfast on Friday 1 April 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 \$200.00.

Please indicate extra date/dates you require _____ @\$200.00 \$ _____

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 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

**FOR ALL 4.10 PRESENTATION ENQUIRIES PLEASE CONTACT
Shalini Arunanthy on shalin_arunanthy@wsahs.nsw.gov.au**