



**NEW SOUTH
WALES
OPERATING
THEATRE
ASSOCIATION
INCORPORATED**

A Member of the **Australian College
of Perioperative Nurses Inc**



A Member of the
Australian Charities Commission



**Zone Committee
contact details**

Kylie Peers- Secretary
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Ashleigh Marsland - President
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Professional Education Day for Zone Two

**Professional Education Day Aim: to
provide networking & education for
perioperative nurses and associated
perioperative specialities in Zone Two.**

Topics covered include:

- ❖ RCA/IIMs - perioperative
- ❖ Blood Gas Interpretation
- ❖ High Flow Oxygen
- ❖ CICO scenarios
- ❖ Suture Basics
- ❖ Open Forum
- ❖ AGM

**This opportunity to attend is open to Perioperative nurses
and associated Perioperative specialities.**

Date: 25th November, 2017

Time: 0900 to 1330

Venue: Heritage Building Bathurst Hospital

**Cost: \$30 for NSW OTA members
\$140 for non **NSW OTA members****

Option 1: Join NSW OTA as a member (\$110) and pay the members
attendance fee. This will give you 12 months membership with all
its associated benefits!!!

Option 2: Pay full fee for attendance and remain a non member

Attendance attracts 2.5 CPD hours

Morning Tea Provided

Parking available

Registration starts at 0830and

The program starts at 0900and runs to 1330

For any further information please contact Zone Committee
members as listed at left or Michelle Berarducci, NSW OTA

Secrétariat Website www.ota.org.au

Phone: 9799 9835 email info@ota.org.au

This program is subject to change at any time without notice

NSW OTA Registration Form



Professional Education Day for Zone 2

Heritage Building Bathurst Hospital

Registrations Close on 23rd November 2017

To join the association visit the NSW OTA website www.ota.org.au

Name:		
Postal Address		
Suburb/Town:	Postcode:	State:
Contact Phone Number Work:		Mobile:
Email Address:		
Name of the Hospital /Facility where you are employed:		
Special Dietary Requirements:		
<input type="checkbox"/> I acknowledge the NSW OTA Education Event Disclaimer and Cancellation policy on the NSW OTA web site http://www.ota.org.au/data/Documents/DisclaimerPolicyNSWOTAEducationEvents.pdf		
Please tick - OTA Member <input type="checkbox"/> Non Member <input type="checkbox"/>		
<input type="checkbox"/> I wish to pay by electronic funds transfer (EFT) into: Bank: CBA Account Name: NSW OTA Zone 2 BSB:062539 Account no:10164229 Please Reference your Surname and first Initial (e.g. Jones, P)		
<input type="checkbox"/> I wish to pay cash on the day		
Signature_____		
NSW OTA ABN 99 689 226 354 All Amounts GST Inclusive		