

Professional Education Day for Zone 2

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:

Karina Elms- Secretary
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Ashleigh Marsland - President
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Website www.ota.org.au

*This program is subject to change at
any time without notice*

Professional Education Day Aim:

To provide networking & education for perioperative nurses and associated perioperative specialities in Zone 2

Topics covered include:

- ❖ Anaphylaxis Management
- ❖ Post Tonsillectomy Haemorrhage
- ❖ Practical Suturing Workshop
- ❖ Proximal Humerus Plating systems (PHP)
- ❖ OTA Committee Question & Answer session
- ❖ Mudgee's New Operating Theatres- NO CSD
- ❖ Afternoon WINE TOUR to follow education day!
- ❖ (extra cost of \$65pp- to be paid on the day, tour starts at 1330-1630hrs, pickup by bus from hospital)

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

Date: Saturday 5th May 2018

Time: 9am – 1pm

Venue: Education Room, Mudgee Hospital

Cost: \$20 NSW OTA members

\$130 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 5 CPD hours

Morning Tea and Lunch Provided.

Parking is available at the hospital

Registration starts at 8.30am and

the program starts at 9am and runs to 1pm

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

NSW Operating Theatre Association, PO Box 212 Croydon NSW 2132
Tel 9799 983502 Fax 9799 1867 Email: info@ota.org.au

NSW OTA Registration Form

Professional Education Day for Zone 2 Mudgee Hospital



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

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|---|-----------|--------|
| 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 - <input type="checkbox"/> NSW OTA Member <input type="checkbox"/> Not a NSW OTA Member | | |
| <input type="checkbox"/> I wish to pay by electronic funds transfer (EFT) into: Bank: CBA Account Name: NSW OTA Zone 2 BSB: 062539 Account number: 10164229 Please Reference your Surname and first Initial (e.g. Jones, P) | | |
| <input type="checkbox"/> I wish to pay cash on the day | | |
| Signature _____ Date: _____ | | |
| NSW OTA ABN 99 689 226 354 All Amounts GST Inclusive | | |
| I DO want to attend the Wine Tour <input type="checkbox"/> | | |
| I DO NOT want to attend the Wine Tour <input type="checkbox"/> | | |
| *extra cost of \$65pp payable on the day, 3-4 wineries will be visited, bus will pickup from the hospital at 1330 and drop back off at 1630hrs. | | |