

Request for ASPAN *Select* Seminar

Please complete this form and forward to:

ASPAN National Office

Attn: Donna Ingram

90 Frontage Road, Cherry Hill, NJ 08034-1424

Phone: 877-737-9696, Ext. 219; Fax: 856-616-9601

Email: dingram@aspan.org



Component Name: _____

Component President: _____

Date & Time for the program (time must be equal to the length of the video):

Date: _____ Start time: _____ End time: _____

Please note: If having a Select Seminar "Pick 3" must also include a 15 minute break in the schedule.

Complete Name/Address for location/facility: _____

(Please include room name/#)

Maximum seating of venue: _____

Contact Person/Host/Hostess Name: _____

This person will be the main contact and can only be changed due to extenuating circumstances.

Address: _____

Phone #: _____ Email address: _____

Credit card number (for security deposit) _____

ASPAN Select Seminar Requesting: Pick 1 Pick 2 Pick 3

- Anesthetic Agents and Techniques (2.5 CH, DC)
- ASPAN Standards (1.5 CH, DC)
- Caring for Patients with Post-Traumatic Stress Disorder (PTSD)/Post-Traumatic Stress Syndrome (PTSS)(1.5 CH, DC)
- Crucial Conversations: Communication that Matters (1.0 CH, IC)
- Meeting the Perianesthesia Care Needs of the Parkinson's Disease Patient (1.75 CH, DC)
- Multimodal Pain Management Therapy and Adjuvants (1.25 CH, DC)
- Orthopedics: From Preparation to Discharge! (1.5 CH, DC)
- Special Populations (1.75 CH, DC)

*****Please note** – You are requesting to hold an **in-person seminar**. Once this event is confirmed and advertised, the format cannot be changed. _____

*****Acknowledgment - Initial**