

## 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](mailto: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 (2.25 CH)
- ☐ ASPAN Standards (1.75 CH)
- ☐ Caring for Patients with Post-Traumatic Stress Disorder (PTSD)/Post-Traumatic Stress Syndrome (PTSS)(1.5 CH)
- ☐ Crucial Conversations: Communication that Matters (1.0 CH)
- ☐ Meeting the Perianesthesia Care Needs of the Parkinson's Disease Patient (1.75 CH)
- ☐ Multimodal Pain Management Therapy and Adjuvants (1.25 CH)
- ☐ Orthopedics: From Preparation to Discharge! (1.5 CH)
- ☐ Special Populations (2.25 CH)

**\*\*\*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

*ASPAN – The Source for Perianesthesia Education*