

Request for ASPAN Seminar

Please complete this form and forward to:

ASPAN National Office
Attn: Associate Meeting Manager
90 Frontage Road
Cherry Hill, NJ 08034-1424
Email: dingram@aspan.org
Phone: 877-737-9696, Ext. 219
Fax: 856-616-9601



Component Name and Component President: _____

Suggested Dates for program: _____
(List at least 3 potential dates/be sure your facility is tentatively booked for all three dates)

Suggested City for Program: _____

Suggested *Facility for Program: _____

*(*please include full details for the suggested program location; name, address, phone, room name/number as you wish to have it advertised. ASPAN makes the final decision for the location.)*

Suggested Hotel for speaker accommodations: _____

Contact Person/Host/Hostess Name: _____
(This person will be the main contact and can only be changed due to extenuating circumstances. Complementary Registration is NOT TRANSFERRABLE.)

Address: _____

Phone #: _____ Email address: _____

Preferred Topic:

- Advanced Patient Safety: New Approaches and Directions
- Foundations of Perianesthesia Practice
- Pain Management in the Perianesthesia and Critical Care Settings
- Pediatrics: Beyond the Basics
- Pediatrics: Little Bodies, Big Differences
- Perianesthesia Certification Review
- Perianesthesia Pathophysiology & Assessment: A Systems Approach
- Perianesthesia Standards and Implications for Practice
- Refreshing Your Perianesthesia Practice
- Safety Begins With Us
- Surrounding Your Practice With Excellence: Legal Issues, Standards & Advocacy

Additional comments or suggestions: _____

*****Please note** – You are requesting to hold an **in-person seminar**. The format cannot be changed. Webcasts cannot be requested. _____

***Acknowledgment - Initial