

Request for ASPAN Seminar

Please complete this form and forward to:

ASPAN National Office
Attn: Seminars/Donna Ingram
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 *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.)*

Maximum capacity of room: _____

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
Fundamental Pediatrics: Essential Perianesthesia Nursing Care
Legal Issues, Ethical Issues, and Standards
Pain Management in the Perianesthesia and Critical Care Settings
Pediatrics: Beyond the Basics
Perianesthesia Certification Review
Perianesthesia Pathophysiology and Assessment: A Systems Approach
Refreshing Your Perianesthesia Practice
Safety Begins with Us
Surrounding Your Practice with Excellence: Legal Issues, Standards, and 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