

# AORN TRI-CHAPTER SEMINAR

(4.0 Contact Hours)

Saturday,  
**September 26, 2009**  
8:00 am – 1:00 pm

The Methodist Hospital – Dunn Tower  
6565 Fannin Street  
Rio Grande Room D1-059 (1<sup>st</sup> Floor)  
Houston, TX, 77030

***Sponsored by: AORN Greater Houston, AORN Bay Area, AORN North Harris Montgomery County***

## SCHEDULE

<u>TIME</u>	<u>EVENT</u>	<u>PRESENTER</u>
7:30 am – 8:00 am	<ul style="list-style-type: none"><li>▪ Program Registration</li><li>▪ Continental Breakfast</li><li>▪ Program will begin promptly at 8:00AM</li></ul>	
8:00 am – 9:00 am	Perioperative Research	Julia Thompson, PhD, RN, CNS, CIP, CNOR
9:00 am – 10:00 am	Incivility: Nurse to Nurse	Tricia Lewis, MS, RN, CNML
10:00 am – 11:00 am	Vendor Showcase	
11:00 am – 12:00 noon	OR Regulations: What All ASC's Should Know	Richard Bays, RN, MBA, CPHQ, CLNC
12 noon – 1:00 pm	Low Temperature Sterilization: What's New?	Cheri Ackert-Burr, RN, MSN, CNOR

***DOOR PRIZES TO BE GIVEN AT VARIOUS TIMES THROUGHOUT THE DAY!***

## HOTEL RESERVATIONS

A block of rooms have been reserved for September 25, 2009 – September 26, 2009 at

**Marriott Houston Medical Center**  
**6580 Fannin Street**  
**Houston, TX, 77030**

Hotel's room rates are subject to applicable state and local taxes (currently 17%) in effect at the time of check-out.

### METHOD OF RESERVATIONS

Reservations for the Event will be made by individual attendees directly with Marriott reservations at **1 (800) 228-9290**. Reservations by attendees must be received on or before Friday, September 04, 2009. Please make your reservations early to ensure availability.

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## REGISTRATION FORM

**Registration Fee: \$35 per participant before September 19, 2009. \$45 per participant for registration after September 19, 2009 and at the door. No refunds after September 19, 2009.**

### How to Register

1. Complete registration form and pay via Paypal at <http://www.aorn-greaterhouston.org> OR
2. Mail completed registration form with payment information to:  
Judy Swanson  
11435 Spring Valley  
Houston, Texas 77043

### REGISTRATION INFORMATION:

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CONTACT PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_