

TSICP REGISTRATION FORM

Infection Prevention in the ASC

Ambulatory Surgery Centers

August 12, 2019

(Photocopies may be used.)

Please print.

Name _____ Preferred Name (for badge) _____

Birthdate (MM/YEAR) _____ Title _____

Institution _____ E-mail address _____

Address _____ Phone # _____

City/State/Zip _____ FAX # _____

REGISTRATION FEES:

\$250

Agenda

7:30–8:00	Registration
8:00–9:00	Risk Assessment and IC Plan
9:00–10:00	Sterilization and Disinfection
10:00–10:15	Break
10:15–11:15	Surgical Site Infection
11:15–11:45	Hand Hygiene
11:14–12:15	Lunch
12:15– 1:15	Regulatory Agencies
1:15–2:00	PCDA
2:00–2:15	Break
2:15–3:15	Employee Health Nurse
3:15–4:00	Construction
4:00–5:00	Toxic Anterior Segment Syndrome

*Fee includes luncheon, refreshment breaks, access to materials, parking and 8.6 CNE hours. Terri Goodman & Associates is an approved provider of continuing nursing education by the Texas Nurses Association – Approver, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation. **This CNE activity has been jointly provided by Terri Goodman & Associates collaboratively with TSICP 1301 West 38th Street, Austin, TX 78705, First Floor Garage Level – Classroom D**

Enclosed is my check payable to TSICP in the amount of \$ _____ or I authorize charge to my:

Master Card

Account # _____ Exp. Date: _____

Visa Card

American Express

Name as appears on card: _____

Discover

Signature _____

(must be signed to charge)

IN ORDER TO BE REGISTERED FOR THIS WORKSHOP

The easiest way to guarantee your place is to fax your registration form to 512-722-3608 or register online at www.tsicp.org and pay with a credit card.

If you are paying by check (Make checks payable to TSICP.)– mail your registration and payment to: P.O. Box 341357, Austin, Texas, 78734 (please fax a copy to us first at 512-722-3608). **Cancellations:** The seminar tuition, less a 20% processing fee, is refundable if notice is received by August 9, 2019. No refunds will be given after this time. Registrants unable to attend may send a substitute. If you have questions, call 512-722-3717 or email jk-tsicp@hotmail.com