



**SEND REGISTRATION,
WORKSHOP PREFERENCE
FORM AND PAYMENT TO:**

Hunter Wound Interest Group
PO Box 603,
Maitland 2320 NSW



INVITED SPEAKERS

Tal Ellis
*Company Director
Wound Heal*

Dr. Keryln Carville
*Associate Professor
Domiciliary Nursing
Silver Chain Nursing Assoc.*

Bill McGuiness
*Deputy Head
School of Nursing
Midwifery Latrobe*

Terry Swanson
*Nurse Practitioner
SWH Victoria*

Tabatha Rando
*Clinical Nurse
Consultant
Royal Melbourne*

Melissa O'Brien
*Wound Care Program
Manager – CGU
NSCCH*

Tonia Easton
*Area Quality Manager
CGU HNE*

Margo Asimus
*Nurse Practitioner
HNE*

Jan Rice
*Manager
Educator
Wound Foundation
Australia*

Matthew Wilson
*Clinical Nurse Specialist
Liverpool Hospital*

Workshop Presenters

Anne Purcell
*Nurse Practitioner
NSCCH*

Jill Fairhall
*Clinical Nurse Consultant
Stomal Therapy*

Jenny O'Donnell
*Clinical Nurse
Consultant
Stomal Therapy*

Mimi Wilson
*Registered Nurse
Surgical – Maitland Hospital*

Organising Committee

Margo Asimus	HNE Area Health	02 4924 6100
Dianne Sagorny	HNE Area Health	02 4925 7800
Lyn Thomas	HNE Area Health	02 4936 3282
Mimi Wilson	HNE Area Health	02 4939 2301
Karen Baily	NCCCA	02 4990 1488
Tess Richards	Mercy Health Care	02 4921 1615

HUNTER WOUND INTEREST GROUP

10TH BIRTHDAY CONFERENCE

CREATING WOUND HISTORY

Date: Thursday 10th May 2007
Friday 11th May 2007
Saturday 12th May 2007

Venue: Newcastle City Hall
282 King Street, Newcastle



PROGRAM

THURSDAY 10TH MAY 2007

Newcastle City Hall - Mulubinba Room.
12pm – 1pm Registration & Lunch
Program & Workshop Registration accompany this brochure.

FRIDAY 11TH MAY 2007

Newcastle City Hall – Concert Hall
Program will feature 15 twenty minute presentations from leading Wound Management Experts across Australia.
Program & Workshop Registration accompany this brochure.

DINNER & ENTERTAINMENT

Birthday Dinner Starts at 7.00pm
Newcastle City Hall – Concert Hall.
Party Dress – Evening / Cocktail
Entertainment – Steven Spellmaster

SATURDAY 12TH MAY 2007

Clinical and Non Clinical Workshops
Program & Workshop Registration accompany this brochure.



Venue: Newcastle City Hall
282 King St Newcastle

Transport: Car or Train to Civic Station.

Registration & Payment:

All delegates, company representatives and presenters must complete a registration form. Cheques/money orders to be made payable to Hunter Wound Interest Group.

Full Registration:

Includes Thursday focus session (limited seats)
Friday ;Presentations & conference dinner
Saturday; Workshops.

Focus Afternoon:

Thursday 10th May 12pm-4pm
Pressure Ulcer Prevention & Future Management

Birthday Dinner & Show:

Friday 11th May at 7pm.

Starring Steven Spellmaster.

Party dress - Evening/ Cocktail

Day Only:

Admittance to 1 day only to all presentations, meals included on the day.

Workshops:

Saturday 12th May Clinical and Non-Clinical Activities

Disclaimer:

The speakers, topics and times are correct at time of printing. In the event of unforeseen circumstances, the organisers reserve the right to delegate or alter items in the conference programme

Liability/Insurance:

In the event of industrial disruptions or natural disasters, the organisers cannot accept responsibility for injury or damage to persons or property occurring during the conference.

Cancellation Policy:

Notice of cancellation of registration must be sent in writing to the conference organiser. Cancellations up to 30 days prior to the conference receive a full refund. Cancellations less than 30 days and up to 7 days prior to the conference will receive a 50 % refund. No refund can be given for cancellations received within 7 days prior to the conference.

Accommodation:

Arrangement to be made by individual delegates. Tourist Information Centre on 1800 654 558.

Conference Convenor: Margo Asimus

Enquires: Phone 02-49-246100

Margo.Asimus@hnehealth.nsw.gov.au

2007 Hunter Wound Interest Group TAX INVOICE
Conference Registration Form/and Tax Invoice
ABN: 21481262073 GST NOT APPLICABLE
Please Photocopy Form Prior to Mailing for Tax Invoice Purposes
Registration Closes after 13th April 2007

Are you

A Representative A Delegate

A Speaker Industry

Are you a Hunter Wound Interest Group Member?

Yes No

Name: _____

Address: _____

_____ Post Code: _____

Contact Phone Number: _____

Mobile Number: _____

Dietary Restrictions: _____

Payment can be made by sending with this registration form a Cheque or Money Order made payable to The Hunter Wound Interest Group.

Full Registrations Include Dinner and Entertainment

- Hunter Wound Interest Group MEMBER
Full \$250
- Hunter Wound Interest Group NON MEMBER
Full \$270
- Day Registration Only (excluding dinner) \$100
- ½ Day Registration Thursday
(Excluding Dinner) Saturday \$ 70

Late Registrations

- Hunter Wound Interest Group MEMBER
Full \$270
- Hunter Wound Interest Group NON MEMBER
Full \$290

Birthday Dinner

Please indicate your attendance Yes No
Friends and partners are welcome to attend the dinner.
Fee \$70.00 per person.

Please indicate below the number of friends and family members who will attend. _____ extra