AGENDA
8am to 3:00pm

Overview of Cystic Fibrosis & Current Therapies
Keri Sullivan, MS, RN, CPNP

Care of the Young Adult/Adult Patient with Cystic Fibrosis
Julia Roboff, MS, RN, FNP

Break Outs (Please circle your first choice)
Session I: Nutrition—Jessica Leonard, RD, LDN
Endocrine—Shannon Torney, CPNP
Session II: Airway Clearance—Anne Gould, PT
Psychosocial Aspects of Care—Judy Bond, LICSW & Danielle Sandage, LICSW
Session III: Lung Transplant—Dawn Freiberger, MSN, RN
CF in the Classroom—Kate Barnico, RN

Improving Quality of Life, Addressing Pain Issues, and Providing Palliative Care
Rachel Menius, MS, RN, CPNP & Nicholas Purol, LICSW

Patient/Parent Panel

PROGRAM DESCRIPTION
This conference will provide a comprehensive update of the current trends, management and treatment of cystic fibrosis in the pediatric and adult patient. This conference is intended for registered nurses, nurse practitioners, advanced practice nurses, social workers, school nurses, community nurses and physical therapists.

PROGRAM LOCATION
Inn at Longwood Medical
342 Longwood Avenue, Boston, MA 02115
Longwood Hall
For directions please visit their website at: http://www.innatlongwood.com/
Please note that parking is NOT included in the registration fee

PROGRAM FEE—NON-REFUNDABLE
BCH/BWH Staff: $75
All other healthcare professionals: $125
Day includes breakfast, lunch, snacks
Handouts will be sent via secure email prior to program and you have the option to print the handout PDF OR bring along a laptop/ipad or other electronic device to follow along. Hard copies are not provided the day of the program.

REGISTER ME! 9/21/16 CF CONFERENCE
Name:________________________________________
School/ Employer_____________________________
*Email:_______________________________*

*All correspondence is sent via email. Confirmations, directions, handouts. Please be sure to provide accurate frequently checked email address. Thank you! Be sure to circle your choices for breakouts!

METHOD OF PAYMENT
☐ Check ☐ Purchase Order ☐ Credit Card
Name on credit card: ____________________________
Credit Card #:________________________________
Exp Date __________________________ CVV code:______

Non-refundable Checks made payable to Boston Children’s Hospital and please mail to: Boston Children’s Hospital, Attn: Judi Naar Main 9East, Mailbox #89 300 Longwood Avenue Boston, MA 02115

NURSING CONTACT HOURS PENDING