

HPMI NEWCASTLE WEEKEND REGISTRATION FORM 2017

First Name:

Last Name:

Address:

I am a: GP GP Trainee GP Supervisor Student

Practice Nurse Practice Admin Allied Health Professional

Specialist *please specify*

Contact Number:

Email:

RACGP/ ACRRM Number:

Dietary Requirements

CPD POINTS

I wish to complete the **ALM** (40 Category 1 points)

I wish to receive Category 2 points only

I wish to receive ACRRM points

SATURDAY 5 AUGUST *(please tick one per session)*

Session 1 8.50am

Plenary - PTSD and Suicide Prevention (ALM)

Session 2 9.55 am

PTSD - There is Help Available (ALM)

ECG Quiz

Paediatric Asthma

Session 3 11.25am

Anxiety and Panic (ALM)

NOACS/AF/TIA Prevention

Travel Health

Session 4 12.30pm

Suicide Prevention (ALM)

How Coordination of Supports can help your NDIS patients

Immunisation Update

Session 5 2.15pm

Self Care for the Health Professional (ALM)

Falls Prevention & management in the Older person

PTSD Public Forum

SUNDAY 6 AUGUST

Session 6 8.50am

Bipolar Disorder (ALM)

New Rheumatology MAb's

End of Life Planning (8.50am - 10.55am) (go to Session 8)

Session 7 9.55am

Borderline Personality Disorder and Narcissism (ALM)

What's New in Vascular Birthmarks

End of Life continues

Session 8 11.30am

Psychosis in Dementia (ALM)

Diabetic Kidney Disease

Wound Management (11.30 - 1.30pm)

Session 9 12.35am

The Complex Family (ALM)

Eyes

Wound Management continues

Lunch Session (10) 1.30pm

GP Supervisor Session

Session 11 2.15pm

School Bullying (ALM)

Back to the Future

What's New in Cervical Screening

Session 12 3.20pm

ADHD (ALM)

Beyond Buying Bikinis

Miscarriage

PRACTICE ADMINISTRATION CPD - Saturday 5 August

9.20 am - PHN Update

9.55 am - Medical Marketing

10.25 am - Happy Workplace

11.25 am - PR's and HR Q&A

12.30 pm - Medicare Items

2.15 pm - Self Care for the Health Professional

I AM A

HPMI Member FREE

Complimentary Member FREE

GP Supervisor FREE

I WISH TO PAY

Non Member Medico

Both Days \$330

Saturday Only \$165

Sunday Only \$165

Non Member Allied Health Professionals (includes Practice Nurse, Practice Admin)

Both Days \$220

Saturday Only \$110

Sunday Only \$110

NON MEMBERS - PAYMENT REQUIRED TO CONFIRM REGISTRATION

REGISTRATION FEE DUE \$ _____

HPMI MEMBERSHIP \$ _____

CONFERENCE DINNER

Number attending @ \$110 per head _____

Total Payment for Dinner \$ _____

Names of Dinner Registrants

Dietary Requirements for Dinner

PAYMENT

WEEKEND TOTAL \$ _____

I WISH TO PAY BY

enclosing a cheque made payable to University of Newcastle

Please post to HPMI, C/- University of Newcastle, Callaghan 2308

EFT Transfer - phone 02 49138177

Credit Card via Phone - phone 02 49138177

Credit Card via online

go to www.hpmi.org click on HPMI Weekend Page

RSVP 31/07/17

Fax: 02 49138763

Post: HPMI, University of Newcastle, Callaghan 2308 To register online please go to www.hpmi.org

YOU WILL BE SENT A CONFIRMATION EMAIL WITHIN ONE WEEK IF YOU DO NOT RECEIVE THIS PLEASE RING HPMI ON 49138177