16th Annual Pediatric Allergy & Asthma Update Conference

Thursday April 6th, 2017

The Forefront Center for Meetings & Conferences 404 Wyman Street, Hobbs Brook Office Park Waltham, MA 02453

Hosted By:
Medicine Patient Services and
The Allergy & Immunology
Program







PRICE BCH STAFF: \$70 ALL OTHER HEALTHCARE PROFESSIONALS: \$125

program will be sent electronically.



For directions: www.forefrontcenter.com

This conference will provide comprehensive updates of current trends and nursing/medical management of pediatric asthma and allergic disease. This program is suitable for health care professionals who care for children with asthma and/or allergic disease in both the hospital and the community setting.

Nursing contact hours pending

AGENDA Pre-registration is required Payment or purchase order must 7:30 Welcome accompany registration * Registration fee is only refundable if 7:50 Introduction Allison Scalia, RN requested at least 14 days in advance 8:00 **Contact Dermatitis** It is the policy of Boston Children's Sadaf Hussain, MD Hospital to disclose whatever interest or affiliation a speaker may have 9:00 Asthma Medications: Pills, Dry Powders, with any commercial organization MDI's or Biologics? Elizabeth Klements, MS, PPCNP-BC, AE-C whose products/services are related to the subject matter being Coffee break/Vendor Displays 10:15 presented. Such disclosure will be made at the start of the program Epinephrine Auto-injector Case Studies 10:35 * Handouts for the program are being Janet Weaver-Holleran, RN, CPN sent electronically via secure email 1 11:15 Cutting Edge Allergy Research week prior to program. Please Elizabeth Burke-Roberts, MSN, CPNP provide an email address you check frequently. If you do not receive 12:00 Lunch/Vendor Displays email prior to program, please 1:00 Asthma Population Management contact: Linda Haynes, MS, PPCNP-BC, AE-C judi.naar@childrens.harvard.edu to ensure you have handouts for the 1:45 Coffee Break/Vendor Displays conference. Hard copies are NOT provided the day of the 2:00 Parent Panel conference.

3:00

REGISTER ME! PEDIATRIC ALLERGY & ASTHMA UPDATE 2017

NAME:
EMAIL ADDRESS:
SCHOOL/EMPLOYER:
SPECIAL DIET AND/OR ACCOMODATIONS:

METHOD OF PAYMENT: Check

Purchase order (must be included)

Credit card NAME:_____

EXP DATE:_____CVV #:____

Checks made payable to Boston Children's Hospital & mail to:

Judi Naar/Main 9East Boston Children's Hospital 300 Longwood Avenue Boston, MA 02115 Purchase orders may be faxed to: 617-730-0591





Wrap Up/Evaluations



