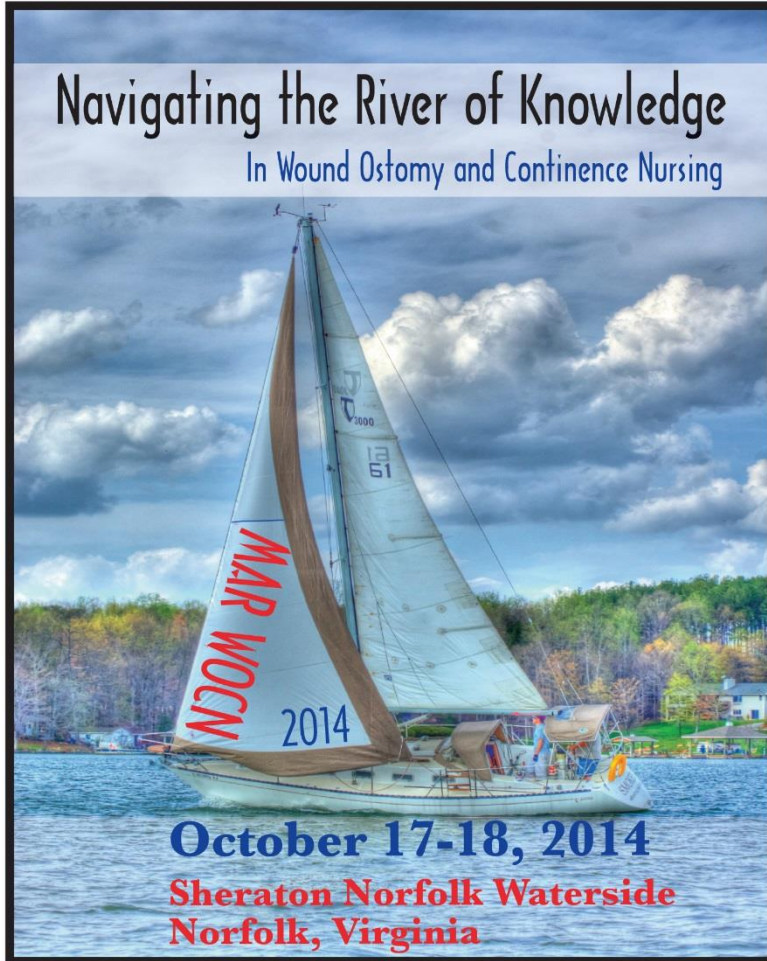


Mid-Atlantic Region Wound Ostomy Continence Nurses Society

Presents:



Objectives

At the conclusion of the program, attendees will be able to:

1. Recognize strengths of the collaborative team in the care of patients with wound, ostomy, and continence conditions.
2. Discuss challenges in ostomy and fistula management and analyze innovative interventions.
3. Integrate strategies of holistic treatment and care into Wound, Ostomy, Continence Nursing practice.
4. Diagnose typical and atypical skin abnormalities and describe treatment.

Hotel Information

The site of this conference is the Sheraton Norfolk Waterside, in Norfolk, Virginia. MAR WOCN has a block of rooms reserved at a special rate of \$119 plus tax and fees. Please call for your reservation at 800-325-3535 and request a room under the block for Mid-Atlantic Region WOCN. **Reservations must be made no later than September 30, 2014.**

Accreditation

Contact hours have been applied for through the Maryland Nurses Association. Each individual will be responsible for submission of contact hours to each individual state of licensure.

Call for Poster Presentations

Please send your abstract for Wound, Ostomy or Continence poster to Sheryl Bailey at sheryl_bailey@bshsi.org by **September 15, 2014**. Please go to www.marwocn.org for additional information.

Cancellation Information

All conference cancellations must be received in writing by September 30, 2014 and are subject to a \$30.00 processing fee. No refunds will be given after September 30, 2014.

Discount Available

Register more than 3 participants at the same time and save 10% on each registration! To take advantage of this group discount, enter more than 3 attendees at the same time by choosing "To register more than one person, click here" on the second screen. Continue registering each person in your group. When you reach the total number in your order, the discount will automatically be reflected for each registrant. Registrants added after you checkout will not be part of the same order and therefore are not eligible for the volume discount.

Conference Committee

- Dorothy Goodman, BSN, RN, CWOCN
- Ann Williams, BSN, RN, BC, CWOCN, CFCN
- Joan Selekof, BSN, RN, CWOCN
- Carolyn S. d'Avis, MSN, RN, CWOCN
- Corrine Alvey, BSN, RN, CWOCN
- Sheryl Bailey, BSN, RN, CWOCN, CFCN
- Diane Dubovsky, Consultant
- Karen Houchins, BSN, RN, CWCN
- Louise Johnson, BSN, RN, CWON
- Kathy Merkh, MS, RN, CWON
- Ann Roney, BSN, MS, RN, CHCNS, CWOCN
- Eva Saul, BA, RN, CWOCN
- Margarita Simon, MS, FNP-BC, CWCN, DAPWCA
- Elizabeth Swap, MSN, RN, CWOCN
- Claudia Thomas, BSN, RN, CWOCN

Schedule of Events

Friday, October 17, 2014

7:30 – 8:00 a.m.	Registration with Continental Breakfast	
8:00 – 9:15 a.m.	Building Resiliency with Mind/Body/Spirit Interventions <i>Jon Seskevich, BSN, BA, RN, CHTP</i>	PP
9:15 – 10:15 a.m.	The Trouble with Fistulas <i>Jane Fellows, MSN, RN, CWOCN</i>	O
10:15 – 10:30 a.m.	Break	
10:30 – 11:30 a.m.	Update on Deep Tissue Injury and Pressure Ulcers <i>Joyce Black, PhD</i>	W
11:30 – 1:00 p.m.	Lunch and Membership Meeting (for all attendees)	
1:00 – 1:15 p.m.	Break	
1:15 – 2:15 p.m.	Care Challenges: Considering Alternatives in Ostomy Care <i>Jo Hoeflok RN(EC), BSN, MA, CGN(C), CETN(C)</i>	O
2:15 – 3:15 p.m.	Bladder Cancer Update: The MD, the Patient, and the WOC Nurse <i>Dr. Lance, MD</i>	O
3:15 – 5:45 p.m.	Exhibits Open with Refreshments	
7:00 – 10:00 p.m.	Dinner and Entertainment	

Saturday, October 18, 2014

7:30 a.m.	Registration Opens	
8:00 – 10:00 a.m.	Exhibits Open with Continental Breakfast	
10:00 – 11:00 a.m.	Traumatic Wounds...What's the Difference? <i>Scott Reed, MD</i>	W
11:00 – 12:00 noon	Childhood Sexual Abuse and its Urologic Legacy <i>Cheryl LeCroy, MSN, RN & Valre Welch, MSN, RN, CPCN</i>	C
12:00 – 1:45 p.m.	Lunch & Learn Management of Cross-Contamination, Infected Wounds & Closed Incisions: The Science & Clinical Evidence for Instillation Therapy and Active Incision Management <i>Diwi Allen, MS, Scientist</i> <i>Sibyl Shelby, BSN, RN, CWOCN</i> <i>Dawn Shepherd, BSN, RN, CWON, CFCN</i>	W
1:45 – 2:45 p.m.	Common Skin Rashes: Diagnosis and Treatment <i>Susan Tofte, MS, BSN, FNP-C</i>	W
2:45 – 3:45 p.m.	Lower Extremity Wounds with Brief Overview of Lymphedema <i>Margarita Simón, MS, FNP-BC, CWCN</i>	W
3:45 – 4:00 p.m.	Break	
4:00 – 5:00 p.m.	Clinical Applications of Hypnosis in Medicine and Nursing <i>Donald Lynch, Jr., MD, FACS</i>	PP

Questions should be directed to:

Custom Association Meetings and Management
919-601-0888 (Phone) 919-844-8119 (Fax)
cathywomack@customassociation.com (e-mail)

Mid-Atlantic Region
Wound, Ostomy, and Continence Nurses Society
2014 Conference Registration Form (**registration also available online at www.marwocn.org**)

Name (as it is to appear on badge including credentials) _____

Facility: _____

Mailing Address: (will be shared) _____

City/State/Zip: _____

Work Telephone: _____ Fax: _____

E-mail: _____

This address will be share with exhibitors unless noted. do not share with exhibitors

Please indicate any special accommodations or dietary needs you require: _____

Conference Registration

Please CIRCLE your registration choice:

Early Registration (before September 19) Registration

Member Registration	\$225	Member Registration	\$250
Non-Member Registration	\$250	Non-Member Registration	\$275
Student/Retiree Rate	\$175	Student/Retiree Rate	\$200
One Day Registration	\$125	One Day Registration	\$150

Please indicate which day attending (one day registration only) Friday Saturday

Guest for Friday Dinner \$40 Guest for Friday Dinner \$50

TOTAL ENCLOSED \$_____ TOTAL ENCLOSED \$_____

We are offering a 10% discount for over 3 registrations made at the same time online at www.marwocn.org

- I will be attending the Friday Night Dinner and Show
- This is the first time I have attended a MAR WOCN Conference

Make Checks payable to
MAR WOCN and mail to:
P O Box 98073
Raleigh, NC 27624
919-601-0888
Fax 919-844-8119
cathywomack@customassociation.com

Credit Card Information MC VISA AE

Name on Card _____

Card Number _____

3-Digit on Back of Card: _____

Expiration Date: _____

Signature _____

Billing Address if Different than Above:
