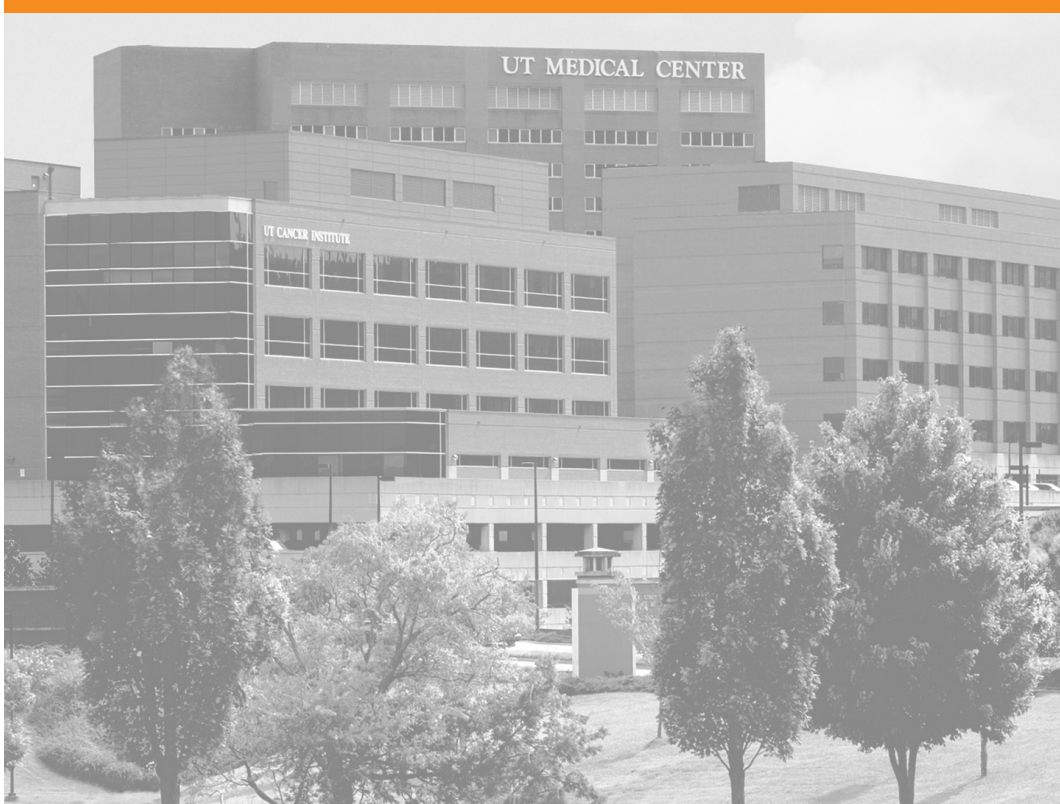


First Annual Stroke Symposium

Friday, August 15, 2008



Sponsored by



BRAIN AND SPINE INSTITUTE



BRAIN AND SPINE INSTITUTE

1940 Alcoa Highway, Suite E-110
Knoxville, TN 37920

First Annual Stroke Symposium August 15, 2008

The purpose of this symposium is to provide the most current information about stroke prevention, treatment and recovery for pre-hospital providers, physicians, nurses and rehabilitation professionals who care for patients experiencing stroke.

For more information, please contact the Brain and Spine Institute staff at 865-305-9159.

Registration and seminar information inside.

Place
Stamp
Here

Purpose and Target Audience

The purpose of this symposium is to provide the most current information about stroke prevention, treatment and recovery for pre-hospital providers, physicians, nurses and rehabilitation professionals who care for patients experiencing stroke. It will feature sessions on:

- Emergency management
- New therapies
- Management of hemorrhagic stroke in the critical care unit
- Carotid stenting
- Secondary prevention, stroke rehabilitation
- MEND exam for pre-hospital providers
- EMS case studies
- Community education

Learning Objectives

After completing this Continuing Education activity, participants should be able to describe and discuss:

- Priorities in emergency management of stroke
- New therapies for ischemic stroke
- Management of ICH and SAH in the critical care unit
- Secondary prevention of stroke
- The role of the bedside nurse as patient advocate
- Assessment and treatment of dysphagia
- The MEND exam

Format

Speakers will use a combination of presentation and interactive educational techniques. Participants will be encouraged to ask questions related to practice issues. A syllabus will be provided at registration.

Registration Fee

Your registration fee includes attendance at all sessions, the course syllabus, CE credit, continental breakfast, refreshment breaks and lunch. Please see the registration form for fees.

Accreditation

The University of Tennessee Medical Center is an approved provider of Continuing Education credit by the American Association of Critical Care Nurses. This activity has been approved for 7.5 contact hours, category A, file number 00014277.

Location

This program will be held at The University of Tennessee Conference Center, 600 Henley Street, Knoxville, Tennessee. Additional information, including parking instructions, will be provided in your confirmation materials.

For More Information

Please contact Karen Easter in the Brain and Spine Institute at 865-305-9159.

Lodging

The following is a list of hotels convenient to the Conference Center. Registrants are responsible for making their own reservations.

Crown Plaza Hotel 865-522-2600
Holiday Inn Select-Downtown 865-522-2800
Hampton Inn and Suites 865-522-5400
Marriott 865-637-1234

A Special Note for the Disabled

The University of Tennessee Medical Center believes that no individual with a disability should be excluded, denied services, segregated, or treated differently from other individuals because auxiliary aids and services are lacking. If you need any of the auxiliary aids and services identified in the Americans with Disabilities Act, we want to accommodate your needs. Please mark the appropriate space on the registration form and we will contact you to determine your specific needs.

Registration Form Must be returned by August 1, 2008

Name: _____ Title: _____

Organization/Facility Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

Email: _____

**Confirmation of registration will be sent via Email or Fax.

Symposium Registration Fees

- Physicians, RNs, EMS, Allied Health Professionals—\$25.00
- Students—\$10.00
- UHS employees—no charge

If paying by check, make payable to:

The University of Tennessee Medical Center

Mail check and registration to :
The University of Tennessee Medical Center
Brain and Spine Institute
1924 Alcoa Highway, Box 52
Knoxville, Tennessee 37920

Please check this box if you desire assistance with hearing, vision, mobility or special diet restrictions to make this conference accessible to you. Our staff will contact you by e-mail or phone.

If paying by credit card: Master Card VISA

Card#: _____ Expiration date: _____

Signature: _____