Care & Management of Patients Receiving Radiotherapy for Rectal Cancer

Wednesday 14th October 2015 - 1830-2030 (Reg. 1815)

This education session will provide information on the role of radiation therapy in the treatment of rectal cancer including the patient treatment pathway through BAROC. Management of toxicities associated with treatment will also be included.

Presenters: Kim A Ung – Radiation Oncologist, Ballarat & Regional Integrated Cancer Centre & Mary Wade – Clinical Nurse Consultant BAROC - Ballarat Austin Radiation Oncology Centre / BRICC - Ballarat Regional Integrated Cancer Centre

VENUE - Education Resource Centre, Ballarat Base Hospital
Drummond St Nth, Ballarat (entry via Sturt St)

Video conferencing available for regional staff

COST – Nurses & Midwives working in the Public Sector within the Grampians Region: $15
Nurses & Midwives working in the Private Sector or outside the Grampians Region: $30
Student Nurses & Student Midwives: $10 A light supper & resources will be provided

STEP 1: REGISTRATION VIA EMAIL – cnheadministration@bhs.org.au Please notify of specific dietary requirements. Enquiries: Ph: 5320 4038
STEP 2: PAYMENT – It is essential that you have confirmation of registration prior to payment

Online: Go to www.bhs.org.au/online-payments – complete all details; enter Reference Number: PO602C1514

Cashiers: Located close to the Education Resource Centre, Ballarat Base Hospital
Open 0900–1700, Monday–Friday Phone: 5320 4217
Payments made to the Cashiers can be: cash, cheque, money order, EFTPos or credit card (Visa/MasterCard)

If paying by one of the following methods, please complete all sections and send with payment to: CNHE Administration, Ballarat Health Services, PO Box 577, Ballarat, 3353

Name: ___________________________ Phone: ___________________________
Email: ___________________________
Address: ___________________________

Cheque or money order: Payable to Ballarat Health Services

EFT: ☐ Visa ☐ MasterCard

Please debit my credit card for the amount of: ___________________________ Signature: ___________________________
Cardholders name as it appears on the card: ___________________________
Card number: ___________________________ Card expiry: ___ / ___

Please note: Individual refunds & transfer of funds to another program will not be considered unless cancellation occurs more than fourteen days prior to the program. A full refund will be given if a program is cancelled.