Stomal Therapy
Thursday 3rd March 2016 - 0900-1530 (Reg. 0845)

Education Resource Centre - Base Site, Ballarat Health Services, Drummond St Nth, Ballarat (entry via Sturt St)

The Program will include the following:

Topics - Indications for Stoma Surgery, Types of Stomas & Typical Sites, Complications of Stomas, Stomal Therapy Education & Support for Home, Stoma Care Equipment – Stoma Appliance Scheme

The Program will be presented by:

Marianne Crowe - Clinical Nurse Consultant - Stoma/Wound/Breast
Ballarat Health Services

COST - Nurses & Midwives working in the Public Sector within the Grampians Region: $40
Nurses & Midwives working in the Private Sector or outside the Grampians Region: $80
Student Nurses & Student Midwives: $30 Morning Tea & Lunch 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: P0602C1607

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.