



22nd Annual

BASIC TRAINING

for

Surveillance, Prevention & Control of Healthcare-Associated Infections

3-Day Conference

June 16-18, 2010

**Holiday Inn Hotel & Conference Center
Decatur, GA**

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AGENDA

Wednesday, June 16, 2010

7:30	Registration/Continental Breakfast
8:10	Welcome/Announcements
8:30	Preparedness
10:00	BREAK
10:15	Surveillance
12:15	LUNCH
1:30	Isolation
3:00	BREAK
3:15	Statistics
4:45	Questions/Discussion
5:00	ADJOURN

Thursday, June 17, 2010

7:15	Continental Breakfast
7:45	Microbiology
9:30	BREAK
9:45	Sterilization, Disinfection
11:15	LUNCH
12:30	BREAKOUT SESSIONS
	Acute Care
	Non-acute Care Settings
2:30	BREAK
2:45	Site Specific Healthcare-Associated Infections
4:45	ADJOURN

Friday, June 18, 2010

7:00	Continental Breakfast
7:30	Employee Health/OSHA Regulations
9:00	BREAK
9:15	Employee Health (Continued)
10:45	BREAK
11:00	Outbreak Investigation
12:00	ADJOURN/CERTIFICATES

REGISTRATION FORM

Registration is limited – please register early!

PLEASE TYPE OR PRINT CLEARLY

You may type directly into this form. Type "X" in checkboxes to indicate selection.

REGISTRANT INFORMATION

First Name	Last Name	Title	
Facility		Job Title	
Address			
City	State	Zip	Country
Phone	Fax		
Email			

CONTACT HOURS

This continuing nursing education activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Contact Hours: 17.7

FACILITY TYPE

<input type="checkbox"/> Acute Care	<input type="checkbox"/> Home Health Care	<input type="checkbox"/> Surgery/Outpatient	<input type="checkbox"/> Correctional
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Rehab	<input type="checkbox"/> Fire/Rescue	<input type="checkbox"/> Behavioral
<input type="checkbox"/> LTAC	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Public Health	<input type="checkbox"/> Other (specify)

REGISTRATION

<input type="checkbox"/> Early	Payment received by May 14, 2010	\$465.00
<input type="checkbox"/> Late	Payment received after May 14, 2010	\$495.00

PAYMENT INFORMATION

<input type="checkbox"/> Check*	Cardholder Name	Cardholder phone
<input type="checkbox"/> Visa	Card Number	Exp. Date
<input type="checkbox"/> MasterCard	Cardholder Authorized Signature	
<input type="checkbox"/> Discover		

*Payment must accompany this form. Purchase orders and on-site registrations are NOT accepted. *Make check payable to ICP Associates, Inc.. Upon registration, a confirmation letter with details will be mailed to you.*

NOTE: Cancellations received 14 days prior to the meeting receive 70% refund. Otherwise, there is no refund. You may send a substitute if unable to attend.

How did you hear about our conference?

<input type="checkbox"/> Web search	<input type="checkbox"/> Referral (specify)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Brochure	<input type="checkbox"/> Conference (specify)	<input type="checkbox"/> Trade Journal

HOTEL INFORMATION:

IMPORTANT: Hotel reservation deadline is May 24, 2010; after that, room blocks may be full, requiring you get lodging elsewhere, or if rooms are available, the price will no longer be discounted.

Please ask for the hotel's policy on cancellation or change when making reservations.

When making reservations, state that you are with ICP Associates: Infection Control Conference in order to obtain the special conference rate of \$99 single or double.

For reservations, call:

Holiday Inn Hotel and Conference Center
130 Clairmont Ave.
Decatur, GA 30030
(404) 371-0204