

FEES:	Postmarked by April 1		Postmarked after April 1	
	ENA Member	Non Member	ENA Member	Non Member
Conference	\$130	\$150	\$150	\$170

3 or more registrants - \$120 each - must be mailed together with one check by April 1. *(Fee is the same if ENA member or non ENA member)*

Undergraduate/Diploma Nursing Students Fee - \$99
(Scholarships available - call Sue Knapp @ (315) 524-4883 or rknapp5@rochester.rr.com)

PRESESSION FEES:

Triage Course only: ENA Member - \$70 Non ENA Member - \$75
 Triage Course if attending the Conference: \$60 in addition to Conference Fee
 Triage Course if **3 or more registrants** in one envelope: \$60 each

All prices include materials and breaks.

REFUND POLICY: Received in writing 15 days prior - 75%
 Received in writing 10 days prior - 50%
 No refunds will be given for 'No Shows'

All registrations received after April 1, 2003 will be processed at late registration fee. On-site registration will be accepted on a space available basis.

ALL REGISTRATIONS MUST BE RECEIVED BY APRIL 15, 2003

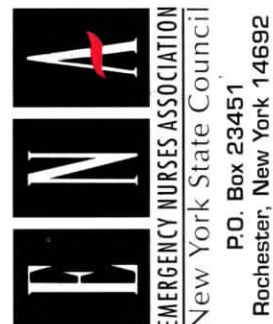
Conference Location

The New Yorker Hotel
 481 8th Avenue at 34th Street
 New York, New York 10001
 (212) 971-0101
 (800) 764-4680

Accommodations

A block of rooms and mini suites have been reserved at the New Yorker Hotel. Rooms are available for Thursday and Friday, May 1 and May 2. Single/double rate is \$159.00 per night. Mini suite rate is \$185.00 per night. Taxes not included. When calling the above numbers for reservations, be sure to ask for the New York State Council Emergency Nurses rate. Rates guaranteed until April 10, 2003.

Confirmation and directions will be mailed upon receipt of registration.



SETTING THE PACE 2003



May 2, 2003

**New Yorker Hotel
New York City**



CONFERENCE SCHEDULE

REGISTRATION

Thursday, May 1, 2003

Pre-session

- 12:30-1pm Pre-Conference Registration
(Open to those registered for Setting the Pace and Triage Course).
- 1:00-5:00pm Triage Course: "Surviving the Hot Seat of Triage"
- 5:00-6:30pm Welcome Reception
Early Registration "Setting the Pace"

Friday, May 2, 2003

- 7:00-8:00am Registration - Continental Breakfast with Exhibitors
- 8:00-8:15am Awards Ceremony
- 8:15-9:30am **ENA Staffing Best Practices**
Susan Sheehy, MSN, RN, CEN, FAAN
Department of Emergency Medicine
Beth Israel Deaconess Medical Center, Boston, MA
- 9:30-10:15am Coffee with Exhibitors
- 10:15-11:05am **Pediatric Poisoning**
Robert S. Hoffman, MD
Director, New York City Poison Center
- 11:05am-12:10pm **The Ethics of Emergency Care: Making Morality Matter**
Barbara Bennett Jacobs, RN, Ph.D, MPH
Post Doctoral Fellow-Clinical Bioethics
Georgetown University
- 12:10-1:30pm Box Lunch with Exhibitors

1:30-2:20pm Breakout Sessions

- A. **Emergency Considerations for Patients with Chronic Kidney Disease**
Audrey D. Sealey, RN, MSN, FNP
The Brooklyn Hospital Center, Brooklyn, NY
- B. **Treatment Considerations for Post-Heart Transplant Patients**
Joelle D. Hargraves, RN, MSN, CCRN
Transplant Device Coordinator
Montefiore Medical Center, Bronx, New York
- Miriam Perez**
New York Organ Donor Network

2:30-3:20pm Breakout Sessions

- C. **DVT and PE Prevention Begins in the ED**
Susan Sheehy, MSN, RN, CEN, FAAN
Department of Emergency Medicine
Beth Israel Deaconess Medical Center, Boston, MA
- D. **Maximizing Reimbursement is as Easy as APC**
Karen Marsh
President, EN-Chart Scanning Program
Sponsored by EN-Chart Scanning Program

3:30-4:20pm **Ensuring Our Future Through Mentorship**
Connie Vance, RN, Ed.D, FAAN
Professor, The College of New Rochelle

4:20-4:30pm Evaluation

4:30-5:40pm Reception and Drawing for Reverse Raffle

Saturday, May 3, 2003

8:00am-4:00pm Council Meeting

CECH's have been applied for.

Setting the Pace 2003 Conference and Triage Course

(Please Print)

Name ANNA M McCLAVE

ENA # 16092

Address 18 GLEN DRIVE

City Latham State NY Zip 12110

Hospital/Organization Albany Memorial Hospital

City Albany State NY Phone 518-447-3517

E-mail McClavea@NHealth SS# 089-40 6214

(Circle One)

Triage Course Only Triage Course + Conference Conference Only

Session Choice: (circle one) 1:30: A or B 2:30: C or D

TOTAL FEE ENCLOSED _____

Make checks payable to: **NYSCENA**

Mail to:
Helen Keating
21 Huntington Dr.
Yonkers, NY 10704
914-237-9231

DO NOT WRITE IN THIS SPACE

Date received _____ Amount received _____