



Ohio  
CHAPTER



# Ohio-ACC

## Hands-on Skills Workshop for the National Cardiovascular Data Registry™ CathPCI Registry®

### Register Today

[www.ohioaccmeetings.org/ncdr](http://www.ohioaccmeetings.org/ncdr)

#### REGISTRATION

\$50 – Data Manager or Cardiac Care Associate (RN, APN, PA, Pharmacist)  
\$75 – Physician

- Includes continental breakfast, breaks and lunch.

#### ACCREDITATION

- Accredited for CME and CE Credit.

#### LOCATION

The Conference Center at NorthPointe

- 9243 Columbus Pike  
Lewis Center, Ohio 43035  
Phone: 866.233.9393 Fax: 614.880.4167

#### QUESTIONS

614.859.2223 or [ohioacc@gmail.com](mailto:ohioacc@gmail.com)

Friday, May 14, 2010

The Conference Center at NorthPointe

**8:00-8:55 a.m.** Registration

**8:55-9:00 a.m.** Welcome  
**Bobbie Gross, MSN, RN**

**9:00 a.m.-9:30 a.m.** CathPCI Registry®  
Case Study Pre-test with  
Audience Response System: Test Your  
Current Knowledge

**9:30 a.m.-10:10 a.m.** Spotlight on  
History and Risk Factors, Q&A  
**Tony Hermann, RN, MBA, CPHQ and  
Wendy Monnette, RN, BSN**

**10:10 a.m.-10:25 a.m.** Break

**10:25- 11:05 a.m.** Spotlight on  
Functional Testing, Q&A  
**Tony Hermann, RN, MBA, CPHQ and  
Sandra M. Johnson, RN, BSN**

11:05 a.m. – 11:45 a.m. **Spotlight on  
STEMI and D2B, Q&A**  
**Tony Hermann, RN, MBA, CPHQ and  
Maura Byrne, RN, BSN**

11:45 a.m. – 12:30 p.m. **Lunch**

12:30-1:10 p.m. **Spotlight on  
Procedural  
Information/Lesions/Devices, Q&A**  
**Tony Hermann, RN, MBA, CPHQ and  
Jilda A. Ross, RN, BSN**

1:10-1:50 p.m. **Spotlight on  
Complications, Q&A**  
**Tony Hermann, RN, MBA, CPHQ and  
Deepika T. Grandhi, BSN**

1:50-2:00 p.m. **Break**

2:00-2:30 p.m. **Case Study Post-test  
with Audience Response System: Find  
Out What You Learned**

**Please return  
registration form to:**

**FAX:  
404.795.9105**

- or -

**OHIO CHAPTER-ACC  
MEETINGS**

440 Laurel Chase Court NW  
Atlanta, GA 30327  
614-859-2223 • 1-800-983-OHIO  
FAX 404-795-9105

email: ohioacc@gmail.com

**www.ohioaccmeetings.org/ncdr**

## REGISTRATION FORM

Ohio-ACC Hands-on Workshop for the  
**National Cardiovascular Data Registry Cath PCI Registry**  
Friday, May 14, 2010, at the Conference Center at NorthPointe, Lewis Center, OH

Register online at [www.ohioaccmeetings.org/ncdr](http://www.ohioaccmeetings.org/ncdr)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Title/Degree \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

ACC six-digit member ID: \_\_\_\_\_

Please check here if you require special services. Attach a written description of needs.

### MEETING REGISTRATION *(please check one)*

Physician

**75.00** \$ \_\_\_\_\_

Cardiac Care Associate (RN, APN, PA, Pharmacist):

**50.00** \$ \_\_\_\_\_

### PAYMENT OPTIONS *(please check one)*

Check payable to Ohio Chapter-ACC     Credit card

Cardholder Name printed \_\_\_\_\_

Visa     MasterCard     American Express

Account # \_\_\_\_\_

Card Security # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address for credit card, including zip:

\_\_\_\_\_

You will receive confirmation via fax or e-mail in advance of the meeting.

