

SSMLT Wheatland Bounty Seminar

Saturday – April 17th, 2010

Battleford Room, Tropical Inn – North Battleford

“Topic and Speaker Subject to Change”

0715 – 0800	Registration
0800 - 0850	Laura Squair – Interdisciplinary Practice in a Collaborative Workplace
0900 - 0950	Dr Brenda Cholin – Pandemic H1N1 – What happened? What now?
0950 – 1010	Refreshment Break
1010 – 1100	Dr Wayne Schlapkohl – Stress in the Workplace – Keeping the Balance
1110 - 1200	Kim Burrows – Nosocomial Infections
1200 - 1250	Lunch
1300 - 1350	Dal Lynds – Cardiac and Stroke Protocols
1400 - 1450	Dal Lynds – Case Studies – A day in the ER
1450 – 1510	Refreshment Break
1510 - 1600	Dr Bedi – Fetal Fibronectin and other Prenatal Screening

ACCOMMODATION

Delegates must make their own accommodation reservations.

**SEMINAR HOTEL - Tropical Inn Hotel & Conference Centre
1001 Hwy #16 Bypass
North Battleford, SK**

**Toll Free: 1-800-219-5244
Phone: 1-306-446-4700**

Room Rates: \$95.00 plus taxes.

**NOTE: A block of Guest rooms is being held for Seminar Delegates until April 1st, 2010
Ask for the block of rooms reserved for the “Wheatland Bounty Seminar”**

SSMLT Wheatland Bounty Seminar **REGISTRATION FEES**

Seminar Registration Fees includes:

Saturday, April 17th, 2010 – Morning Refreshment break, Lunch, Afternoon Refreshment break, and all Presentations.

Early Bird: FEES postmarked by April 1st
Member \$75
Non-Member \$100
MLT Student \$75

Late: FEES postmarked after April 1st
Member \$95
Non-Member \$125
MLT Student \$95

Registration Terms and Conditions

Early Bird Rates apply only to registrations received with Full Payment that are postmarked on or before April 1, 2010

Faxed Registrations will **NOT** be accepted.

Cancellations - registration fees are refundable, less a \$15.00 Administration Fee, on written notice of cancellation postmarked, emailed or faxed by April 7th, 2010. Because the SSMLT must pay for food and services for each registrant, no refunds are possible for cancellations after April 7th, 2010. Substitutions are permitted at no additional charge.

Mail Registration Form and Fees to: SSMLT Office, PO Box 3837, Regina, SK S4P 3R8

REGISTRATION FORM

SSMLT MEMBER

MLT STUDENT

NON-MEMBER

Name _____ SSMLT # _____

Address _____

City _____ PC _____ Home Phone # _____

Bus. Phone _____ E-mail _____

TOTAL FEES SUBMITTED \$ _____

Make cheque/money order payable to: "**SSMLT FOR WLB SEMINAR**"

If Fees are being paid by Master Card of Visa, complete the following:

Master Card/VISA #: _____ Expiry date: _____/_____/_____

Name as on Card _____ Card Holder Signature _____