



CENTRAL SERVICE ASSOCIATION OF ONTARIO
THETA CHAPTER 6th EDUCATION DAY
April 17th & 18th 2015
www.csao.net

LOCATION: North Bay Hotel Information Best Western 700 Lakeshore Drive North Bay ON, P1A 2G4
(705)474-5805 1.800.461.6199 FAX (705)474-8699

Rooms blocked: Booking state for "CSAO Theta" \$109.00 Double and Queen Book before March 31st

Directions: HWY-11 S/HWY-17 E/Trans Canada Hwy E. Continue follow HWY-11 S. 9.4 km
Take the Lakeshore Dr. exit, EXIT 338, toward Callander. 0.4 km turn slight right Lakeshore Dr/hwy-11B.

Supporters:

AMT
Bower's Medical
Conmed
Getinge
Keir Surgical
McDavis
Olympus
PriMed
Southmedic
Stevens
Torvan
Vantage
3-M

ARC Healthcare Solutions
Cardinal Health
Falconfire Technologies
Integra
Kimberly Clark
Metrex
Pentax
SciCan
Steris
Surgical Product Specialties
Trudell Medical
Virox

AGENDA THETA CHAPTER 5th ANNUAL EDUCATION DAY

April 17th Social 7:30-9:30 pm Suite 112 & Registration

April 18th Education Day 0700-1530

0700-0830 Registration, Continental breakfast and vendors booth visits

830-930 – CSA Z314.3 Steam Sterilization 3M

0930-1030 Packaging Challenges Tammy Bennardo

1030 Break

1045-1145 Instrumentation Hands on inspection Workshop Southmedic

1115 Vendors lunch Foyer

1145 – Draw free CSAO conference/Lunch/ Exhibitor Booths

1300-1400 OR/MDRD Michelle Bellefeuille

1400-1500 – Care of Flexible Endoscopes by Olympus Jane Smallwood

1500 Questions and Answers re CSAO and topics for education.

1515 Draws, Certificates and closing remarks Evaluations

DELEGATE REGISTRATION FORM

(PLEASE PRINT CLEARLY)

NAME: _____ EMAIL: _____

MAILING ADDRESS: (HOME) _____

HEALTH CARE INSTITUTION: _____ BUSINESS PHONE: _____

FAX: _____ E-Mail _____

DEPARTMENT/POSITION: _____ Diet Restrictions: _____

FOR THETA 2014-2015 MEMBERS: 2015-2016 MEMBERSHIP FORMS MUST BE COMPLETED AT REGISTRATION.
EDUCATION DAY REGISTRATION INCLUDES IF YOU ATTEND
PAYMENT FOR CSAO MEMBERSHIP FEE FOR 2015/16 FOR THETA 2014/15 MEMBERS.

CHECK MADE TO THETA CHAPTER CSAO

THETA CHAPTER CSAO: TECHNICIAN \$30.00 _____ MANAGER \$40.00 _____

ATTENDANCE PLEASE MARK WHAT YOU WILL ATTEND * FRIDAY SOCIAL _____ * SATURDAY _____

FEEES FOR NON 2014/2015 THETA CHAPTER CSAO MEMBER: INCLUDE OTHER CSAO CHAPTER MEMBERS AND NON MEMBERS

CHECK MADE TO THETA CHAPTER CSAO

COST \$70.00 CHECK ENCLOSED \$70.00 _____

ATTENDANCE PLEASE MARK WHAT YOU WILL ATTEND * FRI SOCIAL _____ * SAT _____

NO REFUNDS FOR ANY REASON AFTER RECIEPT OF APPLICATION

MAIL TO: **Tammy Bennardo Sault Area Hospital Mailbox #6 Sterile Processing Dept**
750 Great Northern Road Sault Ste. Marie P6B 0A8

Signature: _____

DELEGATE REGISTRATION MUST BE RECEIVED **BY March 20th 2015**

Limit 55 Delegates so register early