

# ELEVENTH ANNUAL ASSEMBLY OF REGISTERED NURSES

## Co-Sponsored by the University of West Florida Nursing Program and Upsilon Kappa Chapter, Sigma Theta Tau International

Please join us

### Thursday, March 13, 2008

Continuing education workshops (up to 7 contact hours), UWF Conference Center, and lunch in the Commons at the University of West Florida in Pensacola

7:30 — 8:30 a.m.-----	REGISTRATION
8:30 — 10:50 a.m.-----	Morning sessions
9:50 — 10:00 a.m.-----	BREAK
10:50 — 11:40 a.m.-----	LUNCH
11:40 a.m. — 4:40 p.m.-----	Afternoon sessions
2:20 — 2:30 p.m.-----	BREAK
4:20 — 4:30 p.m.-----	EVALUATION AND ADJOURNMENT

#### PROGRAM TOPICS INCLUDE:

**Domestic Violence, Part I, Part II\***

**Prevention of Medical Errors, Part I, Part II\***

**New Beginnings, New Findings: The Impact of the Clinical Nurse Leader on Education and Practice**

**Help! My Patient is Anxious**

**Pediatric Brain Injury - What is BSCIP?**

**Iron Curtains of the Heart: Institutionalization, Adoption, and Attachment Disorder**

**A Duet of Nursing Research**

**New Resources for Florida's Aging Population**

**A CNL's Use of Evidence-Based Practice in the**

**Reduction of PICC Line Infections**

**\* Participant must attend both sessions to receive CE for these topics**

— door prizes throughout the conference —

**Reservations and pre-payment are required. Registration on-site may not be accommodated.**

Follow the signs to parking lot K, nearest the assembly location.

A portion of the registration fee benefits the University of West Florida Nursing Scholarship Fund.

## UWF Nursing Assembly, March 13, 2008—REGISTRATION

Registration fee, if received by March 6, 2008 —\$50 per person; UWF nursing students: \$15 per person; Sigma Theta Tau International member: \$40 per person; other students: \$40 per person. Lunch and conference materials included in fee.

#### The following information is needed for impact survey:

**Professional Code:** \_\_\_\_\_ 50-02 Adv. Reg. Nurse. Prac. 50-09 Licensed Practical Nurse  
20-01.1 Hlth Care Admin. 50-10 Nurse Midwife  
70-02 Health Educator 0-03 Registered Nurse

**Name of Employer** \_\_\_\_\_ county of employment \_\_\_\_\_

Employer address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

#### Employer Type:

- |  |   |   |
|--|---|---|
| <input type="radio"/> Community Clinic               | <input type="radio"/> Hospital Clinic                         | <input type="radio"/> Rehab Center/Services           |
| <input type="radio"/> Community Hospital             | <input type="radio"/> Indian Health Services                  | <input type="radio"/> Retired                         |
| <input type="radio"/> Correction Facility            | <input type="radio"/> Mental Health Facility                  | <input type="radio"/> School/Community College/Univer |
| <input type="radio"/> County Health Department (CHD) | <input type="radio"/> Migrant/Community Health Center (M/CHC) | <input type="radio"/> Self-Employed                   |
| <input type="radio"/> Family Practice Center         | <input type="radio"/> Nursing Home                            | <input type="radio"/> Social Service Agency           |
| <input type="radio"/> Home Health Care               | <input type="radio"/> Private Practice                        | <input type="radio"/> OTHER                           |
| <input type="radio"/> Homeless Clinic                | <input type="radio"/> Professional Association                |   |

#### Ethnicity/Race:

- |  |  |
|--|--|
| <input type="radio"/> American Indian/Alaskan Native | <input type="radio"/> White                            |
| <input type="radio"/> Asian                          | <input type="radio"/> Other/Undeclared                 |
| <input type="radio"/> Black/African American         | <input type="radio"/> Native Hawaiian/Pacific Islander |
| <input type="radio"/> Hispanic/Latino                | <input type="radio"/> Other/undeclared                 |

#### National Health Service Corps:

- Yes  
 No

REGISTRATION—UWF Nursing Assembly, March 13, 2008

Please respond by March 6, 2008 to reserve your place. Registration fee, if received by March 6, 2008 — \$50 per person; UWF nursing students: \$15 per person; Sigma Theta Tau International member: \$40 per person; other students: \$40 per person. Lunch and conference materials included in fee. Complete both sides and return with your payment.

(Late registration: \$60 must be received by March 11, 2008. On-site registration, if space available: \$70.)

name (print): \_\_\_\_\_

address: \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

e-mail: \_\_\_\_\_

nursing license: state \_\_\_\_\_ license number \_\_\_\_\_ RN \_\_\_\_\_ ARNP \_\_\_\_\_ LPN \_\_\_\_\_

UWF nursing student \_\_\_\_\_ Sigma Theta Tau Chapter \_\_\_\_\_ Student (school) \_\_\_\_\_

amount enclosed: \_\_\_\_\_  check  VISA  Master Card  American Express

credit card: # \_\_\_\_\_ Exp. date: \_\_\_\_\_

your signature \_\_\_\_\_

Make checks payable to UWF Cashier (account: 4011-026-31, code: 004001)  
Mail form with payment to: UWF Cashier, University of West Florida, Bldg. 20E,



To arrange accommodations for the disabled or hearing impaired, call Reta Burton at 850.857.6080 (voice/TDD) or through the Florida Dual Party Relay System at 850.857.6114 (voice) at least five days in advance.

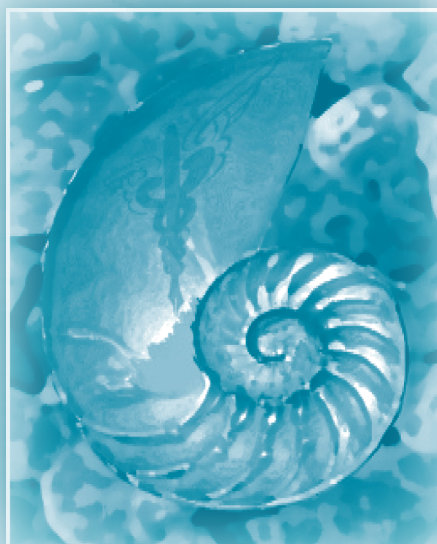
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***New Beginnings, New Findings***

ELEVENTH ANNUAL  
**Assembly of  
Registered Nurses**

**Thursday, March 13, 2008**

Co-sponsored by:  
**Department of Nursing, University of West Florida  
Upsilon Kappa Chapter, Sigma Theta Tau International**



Continuing Education Workshops: 7 contact hours.  
West Florida Area Health Education Center, CE Provider  
CE Broker Provider: 50-2156; Florida Board of Nursing Provider: NCE50-2156