

MAINE EXTENSION OF CMSNE INVITE YOU TO JOIN THEM FOR AN EDUCATIONAL PROGRAM



Tuesday, June 18, 2019 – 4 PM
Healthsouth – New England Rehab Hospital
Brighton Room, 335 Brighton Avenue, Portland, ME 04102

Geriatric Syndrome

Presented by:

Thomas Mardon Morrione, MD
Medical Director, New England Rehabilitation Hospital

Upon completion of this presentation attendees will be able to:

- Define Geriatric Syndrome
- Apply the definition to the syndrome of falls and polypharmacy
- Introduce and define the concept of deprescribing in this vulnerable population.

Prior registration and pre-payment is required by members and non-members to assure appropriate seating, snack, course materials, 1 RN and CCM credits. PLEASE NOTE THE registration is \$15 for CMSNE members, \$25 for non-members. Register online and save \$5 Failure to pre-register by 6/4/19 will result in a \$5 surcharge to all. Space is limited to 45 attendees register early. Register online at this link:

<https://www.cmsne.org/maine-events/> Or complete registration and fax with credit card payment or mail to chapter office. Parking is free.

MEETING AGENDA

4 pm

Registration/light snack

4:30 – 5:30 pm

Educational Session

5:30 pm

Wrap-up

This program is made possible by support from



“The content and views presented in this program are those of the independent speaker, while CMSNE endorses the pursuit of educational opportunities attendees should exercise their own professional and independent judgment when interpreting the content of the program”.

Please sign me up for the Maine Extension's, Tuesday, June 18, 2019 program on **Integrating Palliative Care and Case Management**. Mail registration and fee, payable to CMSNE, 74 Buckboard Rd., Duxbury, MA 02332 **Member and non-member registrations after 3/19/19 will be subject to a \$5 late fee.**

Name: _____ Company: _____

Title: _____ Credentials: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

In an effort to ensure that we provide appropriate credits please tell us which credits you require: RN CCM SW

\$15 CMSNE Member \$25 Non-member **Register online and save \$5** Registrations after 6/4/19 will be subject to a \$5 late fee.

Credit Card Payment Information:

Type: MC V AMEX Card #: _____ Exp Date: _____ Security Code: _____

Name as it appears on the Card: _____ Total Amt to be Charged: _____

Billing address as it appears on the credit card statement (if different from above):

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For more information on CMSNE, CMSA and other chapter activities contact the chapter office at:
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 Phone: 603-329-7481
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