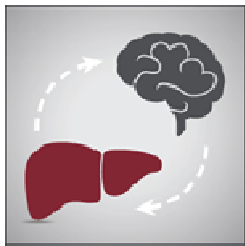


*Massachusetts Extension of the CMSNE invite you to attend their
Educational Dinner Program*

Thursday, September 19, 2019
Danversport, Captain's Quarters Room, Danvers, MA – 5:30 PM

*Improving the Transition of Care for Patients
with Hepatic Encephalopathy*



Agenda

5:30 pm
Registration

6:00 – 7:30 pm
Educational program
Over dinner

**Special thanks
to the program
sponsor:**

BAUSCH Health

Presented by:

Christopher Allen

Senior Healthcare & Pharmaceutical Leader, Salix Pharmaceuticals

Upon completion of the presentation the attendees will be able to:

- Define hepatic encephalopathy (HE), including the high risk of recurrence, and the cognitive damage it may cause
- Describe the economic impact of patients presenting with HE on the healthcare system
- Discuss the major issues and barriers associated with the discharge process that may result in patient readmission
- Discuss potential solutions that can help enhance transition of care during hospital discharge for HE patients

Prior registration and pre-payment is required by members and non-members to assure appropriate seating, food, course materials and 1.5 RN & CCM credit will be provided. Registration is \$20 CMSNE members and \$30 for non-members. Registration required by 9/5/19, registration after that date are subject to a \$5 late fee. Register online at this link: <http://www.cmsne.org/ma-events/> and save \$5

Or complete registration and fax with credit card payment or mail to chapter office. Directions to site will be forward with registration confirmation.

“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 Thursday, September 19, 2019 CMSNE MA Educational Program, *Improving the Transition of Care for Patients with Hepatic Encephalopathy*. Mail completed registration form with payment to CMSNE address below. Prior registration is required by September 5, 2019. Register early, space is limited.

Name _____

Employer _____ Daytime phone _____

Address _____

City, State _____ Zip Code _____

Please provide email to receive confirmation of registration and directions. _____

Registration Fees: **\$20 CMSNE Member** **\$30 Non Member** *After 9/5/19 \$5 late registration surcharge applies.*
Register online and receive \$5 off the registration fee.

Credit Card Payment Information (V, MC, AMX) Card #: _____ Expiration 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):

Address: _____

City: _____ State: _____ Zip Code: _____



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