

Alternative Treatment Options FOR PAIN AND SYMPTOM MANAGEMENT



Alternative therapies bring balance and order to mind, body and spirit. These modern and well-researched therapies are valuable for people of any age.

FAIRHOPE's educational offering, "Alternative Treatment Options for pain and symptom mangement", allows you to learn ways to decrease pain; reduce nausea, tension and fatigue; elevate moods; decrease anxiety, fear and shortness of breath; as well as, promote an overall sense of relaxation and wellbeing to yourselves and those you encounter.

Join us in exploring health care and self-care through a holistic approach to mind, body and spirit for optimal health.



PRESENTED BY
 FAIRHOPE HOSPICE & PALLIATIVE CARE, HOME OF THE PICKERING HOUSE

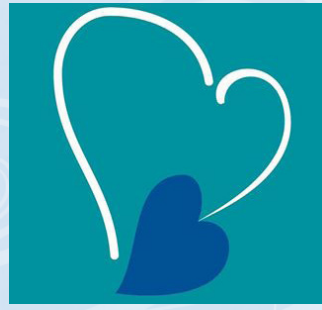
May 1, 2019
 8:00AM - 4:30PM

FAIRHOPE'S ANITA M. TURNER CENTER
 282 SELLS RD. • LANCASTER

Program Outcome
 The learner will be able to apply the knowledge of alternative treatment options for pain and symptom management into their nursing/healthcare practice.

Continuing Education
 CONTINUING EDUCATION HOURS HAVE BEEN APPLIED FOR THE FOLLOWING DISCIPLINES:

- 6.25 CONTACT HOURS FOR NURSING
- 6.25 CLOCK HOURS FOR SOCIAL WORKERS
- 6.25 CONTACT HOURS FOR BELTSS
- 6.75 CONTACT HOURS FOR OCCUPATIONAL THERAPY
- 6.75 CONTACT HOURS FOR PHYSICAL THERAPY



Alternative Treatment Options FOR PAIN AND SYMPTOM MANAGEMENT

REGISTRATION FORM
WEDNESDAY MAY 1, 2019

PARTICIPANT INFORMATION *PLEASE PRINT CLEARLY	PAYMENT INFORMATION COST INCLUDES:
FIRST NAME MI LAST NAME	Lunch, registration and seminar materials, continuing education certificate
	<input type="checkbox"/> \$50* <input type="checkbox"/> \$25 STUDENT RATE
CREDENTIALS (REQUIRED)	<input type="checkbox"/> VEGETARIAN MEAL REQUESTED
LICENSE #: (OPTIONAL)	MAKE CHECKS PAYABLE TO: FAIRHOPE HOSPICE & PALLIATIVE CARE, INC.
EMAIL ADDRESS (REQUIRED)	CREDIT CARD INFO NAME OF CARDHOLDER:
	CARD#:
Phone# (REQUIRED)	EXPIRATION: CV2:
#1 CELL/WORK/HOME	SIGNATURE:
#2 CELL/WORK/HOME	WHO SHOULD ATTEND?
Mailing Address (if you wish to receive mailings) (Street Address)	Nurses, social workers, clergy, OT, PT, ECF Staff/ Administrators,educators
(City, State Zip)	*REGISTRATION RECEIVED AFTER APRIL 24TH IS \$60.
Emergency Contact Name & Phone:	MAIL REGISTRATION TO: FAIRHOPE HOSPICE & PALLIATIVE CARE, INC. 282 SELLS RD. • LANCASTER, OH 43130-3461