



Mississippi Baptist Medical Center
presents the

2019 ADVANCED PRACTICE COUNCIL SYMPOSIUM

**THURSDAY, SEPTEMBER 26
& FRIDAY, SEPTEMBER 27**

Mississippi Baptist Medical Center
Lower Level, Busey Auditorium
1225 North State Street
Jackson, Mississippi 39202

Cost: \$50 per person



CONFERENCE REGISTRATION

To register online, you must have a credit card and valid email address.

REGISTER ONLINE

You may **register online** by clicking the link above.

Or, you may **print and complete the registration form on the second page of this flyer and send** to Robert Ware via one of the following methods:

Email: Robert.ware@bmhcc.org

Mail to:

Mississippi Baptist Medical Center
Attn: Robert Ware
1225 North State Street
Jackson, MS 39202

REGISTRATION DEADLINE, CANCELLATION AND REFUNDS

Registration deadline is Monday, September 16. Registrations received after that date will be placed on a waiting list. Cancellations must be made by Monday, September 23, in order to receive a refund for the registration.

No refunds after Monday, September 23.

MORE INFORMATION

For more information or to request auxiliary aids, special services, or special meals, contact Robert Ware at 601-968-4087 or Robert.ware@bmhcc.org.

LODGING INFORMATION

For your convenience, below are hotels in the Jackson metro area.



Fairview Inn

734 Fairview Street, Jackson
601-984-3429



Residence Inn by Marriott Jackson

The District at Eastover
1248 Eastover Drive, Jackson
601-362-8003



Hilton Garden Inn

Jackson Downtown
235 West Capitol Street
Jackson
601-353-5464

AGENDA

Sessions will be from **8:00 a.m. – 4:00 p.m.** on both days.

Registration begins at 7:00 a.m. and a **continental breakfast** is included both days. **Lunch will be on your own.**

Topics include:

Antibiotics- What is new to the market	Tripp Dixon, PharmD
Headaches - Treating and Managing	Gina Burge, FNP-BC
Controlled Substance	Alan Davis, MBN & Alice Messer, DNP, FNP-BC
Diabetes Management Update	Anees Kanorwala, PharmD
Pulmonary Function Test	Latisha Houze, FNP-BC
Radiology Review	TBD
Pediatric Hypertension	Mike Mattingly, MD
Atrial Fibrillation	Michael Bensler, MD
DVTs	Rishi Roy, MD
Heart Failure	TBD



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You may register online at baptistonline.org/apc, email this form to Robert.ware@bmhcc.org or mail the completed registration below to:

Mississippi Baptist Medical Center

Attn: Robert Ware
1225 North State Street
Jackson, MS 39202

Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Specialty Degree (NP, PA, RN, etc.) _____

METHOD OF PAYMENT

Cost: \$50.00

Check enclosed, payable to MBHS

Credit Card

Visa MasterCard Discover AMEX

Credit Card # _____ Exp. date _____ Security Code _____

Name on card _____

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