



Hepatitis C Training Workshop

Topics include:

- **The Liver**
- **HCV Transmission & Prevention**
- **HCV Diagnostic Tools**
- **HCV Symptoms and Disease Progression**
- **HCV Disease Management**
- **HCV Treatments**
- **Complementary Medicine**

Trainer: Alan Franciscus, Executive Director Hepatitis C Support Project and Editor-in-Chief, HCV Advocate San Francisco, CA. See www.hcvadvocate.org

Audience: case managers, nurses, health educators, substance abuse professionals, mental health professionals

**Registration Fee:
NO Charge!**

Fri. May 29, 2009
Registration 7:30am
Program 8:00am - 4:30pm

**SEAHEC Auditorium
New Hanover Regional
Medical Center
1231 Sth 17th Street
Wilmington**

- There are an estimated 3.2 million people infected with chronic hepatitis C in the US and 150,00 people in NC
- Injection drug use is a primary risk factor for infection with hepatitis C

Advance registration required. Register using the form below.

Online registration at www.seahec.net Fax: 910-792-5565
Mail: SEAHEC 2250 Shipyard Blvd, Suite 13, Wilmington, NC 28403

**Course materials (i.e., comprehensive manual) are included at no cost.
Lunch and snacks will also be provided**

Continuing Education Credits Available – .75 CEU, 7.5 CNE, 7.5 CHES, and 7.5 substance abuse credits will be offered.

Accreditation: SEAHEC is approved as a provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Program Information: Marc Kolman (919) 682-3998 or marc@piedmontconsortium.org

Co-sponsored by: *The Piedmont HIV Health Care Consortium, NC AIDS Education Training Center, SEAHE, Area LAHEC* and supported by an unrestricted educational grant from Roche.

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REGISTRATION FORM

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NOTE: There is no registration fee to attend this program. To help us plan appropriately, please call SEAHEC @ 910-792-5560 x 100 if you find after registering that you will not be able to attend. You may also e-mail any cancellations to <customer.service@seahec.net>.

Last Name: _____ First Name: _____ MI: _____

Last 4 digits of SS#: _____ Degree(s): _____

Discipline (circle one): Allied Health Public Health Dental Mental Health Nursing Pharmacy Medicine Other _____

Specialty/Position: _____ Occupation: _____

Employer: _____ Department: _____

Employer Address: _____ City: _____

State: _____ Zip: _____ County: _____ Work Phone: _____

Home Address: _____ City: _____

State: _____ Zip: _____ County: _____ Home Phone: _____

E-Mail: _____ Prefer mail at: _____ Office or _____ Home

NOTE: To update our computer records, all of the above is needed.

Circle the credit desired:
Substance Abuse CEU CNE CHES

NOTE: If you require reasonable accommodations for a disability in order to participate fully in this continuing education activity, please contact SEAHEC at 910-792-5560 X 111, no later than 14 days before the activity.



Please bring a jacket or sweater to ensure your comfort. We cannot assure a constant room temperature.