



“Hepatitis A, B, and C”

**Area Health Education Center of Southern Nevada
1094 E. Sahara Ave.
Las Vegas, NV 89104**

**Tuesday, April 1, 2008
2:00 pm – 4:00 pm**

This program presented by Area Health Education Center of Southern Nevada’s Las Vegas AIDS Education and Training Center has been designed for physicians, nurses, pharmacists, and other interested providers. At its conclusion, participants will be able to:

- Define the signs and symptoms of Hepatitis A, B, and C;
- Describe the stages of Hepatitis A, B, and C in relation to diagnosis and treatment;
- Discuss the latest information on Hepatitis prevention and treatment options;
- Examine Hepatitis and its relation to at-risk populations; and
- Summarize reports and statistics describing Hepatitis trends by age, sex, sexual orientation, and race/ethnicity using demographic information.

Faculty: **Chris Reynolds**, Disease Investigation and Intervention Specialist II, Southern Nevada Health District, Office of AIDS, Las Vegas, NV; Trainer of Trainers in HIV, STDs, Hepatitis, and Client Centered Counseling, Southern Nevada Health District; Communicable Disease Investigator (CDI); Phlebotomist; Licensed Medical Laboratory Assistant.

CME Credit: Area Health Education Center of Southern Nevada is accredited by the Nevada State Medical Association to provide continuing medical education for physicians.

Area Health Education Center of Southern Nevada designates this educational activity for a maximum of 2.0 *AMA APR Category 1 Credit(s)*TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

CE Credit: Area Health Education Center of Southern Nevada approves this program for 2.4 contact hours of **nursing** continuing education credit. This activity has been submitted for approval to the **Nevada State Board of Pharmacy** for 2.0 contact hours of continuing education credit.

Fees:

Registration prior to March 25, 2008	Physicians: \$45.00	Non-Physicians: \$25.00
Registration post March 25, 2008	Physicians: \$65.00	Non-Physicians: \$45.00

Refunds will be issued provided that seven (7) days written notice is given.

Note: There will be a non-refundable processing fee of \$15.00 on all cancellations.

Register: **Deadline for registration is March 25, 2008.** To mail your registration, address envelope to: Area Health Education Center of Southern Nevada, Attn: HIV/AIDS Program, 1094 E. Sahara Avenue, Las Vegas, NV 89104, or fax: (702) 318-8462.

Questions: Ranae Shrader, HIV/AIDS Program Manager, rshrader@snahec.org; (702) 318-8452.

Keep this information sheet for your records; fax or mail the registration page only



Early Registration
Deadline: March 25, 2008

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Area Health Education Center of Southern Nevada
1094 E. Sahara Ave.
Las Vegas, NV 89104

Tuesday, April 1, 2008
2:00 pm – 4:00 pm

Please Print Clearly

Date: _____

Name: _____ Employer: _____

Daytime Phone: _____ Alternate Number: _____

E-mail: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Profession: _____ License No: _____

How did you learn about this training opportunity: (please check all that apply)

- Newsletter Website Hardcopy brochure
- Promotional Postcard Colleague Fax
- Email Other: _____

Release: Area Health Education Center of Southern Nevada consistently utilizes live training opportunities to produce enduring or marketing materials. Submitted registrations are therefore considered photo and/or video releases to be used by the Area Health Education Center wherever it is determined that its use is appropriate to the mission of the agency.

If you do not want your image used, please check box.

Bottom portion to remain in Accounting:

Registration fees are being covered by:

Check # _____ Purchase Order # _____ Credit Card

Type of Card: VISA MC Discover American Express

Credit Card Number: _____ Exp Date: ____/____/____

Billing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Name on card: _____ Signature: _____

Amount to be processed: \$ _____ Copy of Receipt: *Will be available at training*

For Accounting Use: Date: _____ Amount: _____ Acc Sign: _____ Ref #: _____

Please make a copy and keep this form for your records prior to mailing
Area Health Education Center of Southern Nevada (AHEC)
1094 E. Sahara Avenue, Las Vegas, NV 89104, or fax: (702) 318-8462