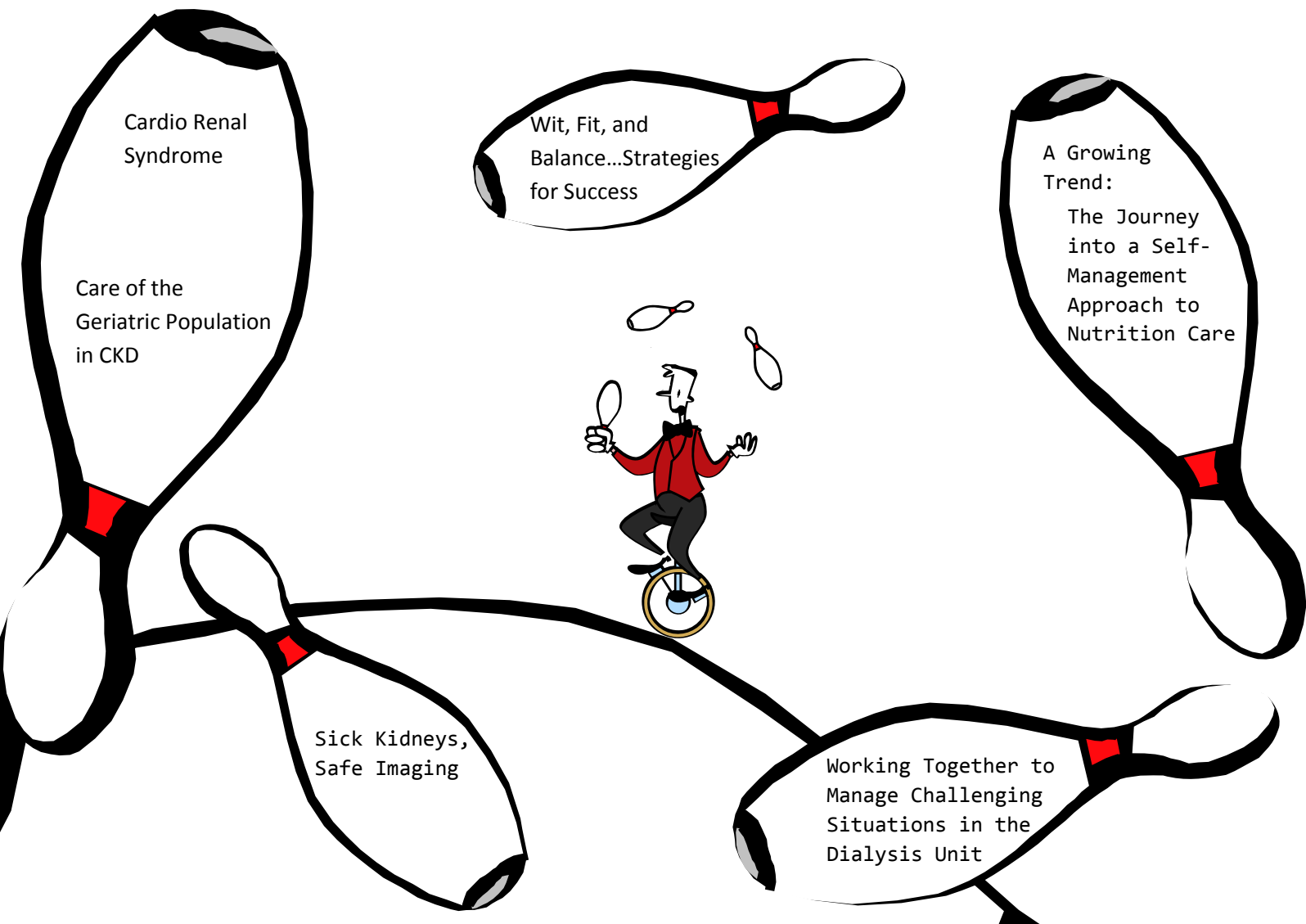


The Balancing Act of Care Delivery

Saturday, May 14, 2011



Location:

BERWICK AUDITORIUM, YORK CENTRAL HOSPITAL

10 Trench Street, Richmond Hill Ontario, CANADA

Cost:

\$75

**Registration
Forms:**

416-438-2911, ext. 6637, email: myoshida@tsh.to

Organized by:

The Credit Valley Regional Dialysis Program, The Scarborough Regional Nephrology Program, York Central Chronic Kidney Disease Program

The Balancing Act of Care Delivery

[5TH Annual Tri-Regional Dialysis Symposium, Saturday, May 14, 2011]

0900 – 0920 hrs	Registration / Displays / Breakfast	
0920 – 0930 hrs	Introductions & Welcome	(10 min)
0930 – 1015 hrs	Care of the Geriatric Population in CKD <i>Dr. Esther Szaky, Nephrologist, York Central Hospital</i>	(45 min)
1015 - 1030 hrs	Displays / Break	(15 min)
1030 – 1115 hrs	Cardio Renal Syndrome <i>Dr. Jim Cherry, Head of Cardiology, Medical Co-Lead Cardio Respiratory and Critical Care, The Scarborough Hospital</i>	(45 min)
1115 – 1200 hrs	A Growing Trend: The Journey into a Self-Management Approach to Nutrition Care <i>Josie Caruso-Ditta, Rachel Linzon, Marla McKerracher, Dietitians, York Central Hospital</i>	(45 min)
1200 – 1300 hrs	Networking Lunch / Displays	(60 min)
1300 – 1345 hrs	Working Together to Manage Challenging Situations in the Dialysis Unit <i>Donna Belmore, Kelly Rivers, Social Workers, York Central Hospital</i>	(45 min)
1345 – 1430 hrs	Wit, Fit and Balance...Strategies for Success <i>Meg Soper, Motivational Humourist</i>	(45 min)
1430 – 1445 hrs	Displays / Break	(15 min)
1445 – 1530 hrs	Sick Kidneys, Safe Imaging <i>Dr. David Perkins, Nephrologist, The Credit Valley Hospital</i>	(45 min)

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Registration fee includes: Breakfast, lunch, and coffee breaks. Fee is non-refundable, but may be transferred.
Enter via Emergency Entrance, take elevator down to first floor and follow signs to Auditorium.
Bring your parking ticket with you to the Registration Desk and sign-in for free parking.

Please make cheques payable to **RENAL SYMPOSIUM** and mail to: Mary Yoshida, Tower 5.108, The Scarborough Hospital, 3050 Lawrence Avenue East, Scarborough ON M1P 2V5. [Tel: 416-438-2911, ext. 6637]

Cost: \$75 [Payment must be received by **May 6th**. Registration will not be available at the door.]

Name (as it will appear on certificate): _____

Organization: _____

Designation: RN RPN physician Other (please specify) _____

Address: _____ City / Postal _____

Phone: (_____) _____ Email (for payment receipt): _____