

Cleveland Academy of Osteopathic Medicine
P.O. Box 356
Avon, Ohio 44011
Phone: (216)595-0655
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Cleveland Academy of Osteopathic Medicine

24th Annual Westside Seminar

Saturday, September 21, 2013

LaCentre Conference Facility
25777 Detroit Rd
Westlake, OH 44145
Phone: (440)250-2000

ANTICIPATED 8 CREDITS OF CATEGORY 1-A CME

This education program is designed to provide information to assist osteopathic physicians in efforts to enhance patient health, further their knowledge of emerging therapies and carry out diagnosis and treatment strategies more effectively and efficiently.

DIRECTIONS TO LACENTRE:

From the East—Head west on I-90 to the Columbia Rd Exit (159). Head south on Columbia Rd. Turn right on Detroit Rd. LaCentre will be shortly on the left.

From the West—Head east on I-90 to the Columbia Rd Exit (159). Head south on Columbia Rd. Turn right on Detroit Rd. LaCentre will be shortly on the left.

SATURDAY, SEPTEMBER 21, 2013—TENTATIVE SCHEDULE

7:00 AM
REGISTRATION OPENS

7:45 AM-8:00 AM
OPENING REMARKS/AUDIENCE RESPONSE PRE-TEST
CHRISTOPHER LOYKE, DO, FACFP, PROGRAM CHAIR

8:00AM-9:00AM
INTERSTITIAL LUNG DISEASE
ROBERT SCHILZ, DO

9:00AM-10:00AM
RENAL MANAGEMENT UPDATE
MARC MCKINLEY, DO

10:00AM-10:20AM
SCIENTIFIC BREAK/VISIT EXHIBITS

10:20AM-11:20 AM
SPINE AND ORTHOPEDIC UPDATE
DR. LOU KEPPLER

11:20AM-12:20PM
BARIATRIC UPDATE
DR. CHANDRA HASSAN

12:20PM-1:15PM
LUNCH

1:15PM-2:15PM
COMMUNITY ACQUIRED PNEUMONIA
GREG HICKEY, DO

2:15PM-3:15PM
DEPRESSION UPDATE
LARRY WITMER, DO

3:15PM-4:15PM
ANTICOAGULATION UPDATE
JEFF STANLEY, DO

4:15PM-5:15PM
CARDIOLOGY UPDATE
TBA

5:15PM
ADJOURNMENT

SPEAKERS AND TOPICS ARE SUBJECT TO CHANGE WITHOUT NOTICE

CME CREDIT

The Cleveland Academy of Osteopathic Medicine will submit your credit hours to the AOA and provide attendance certificates for your records. To receive credit, you will need to sign in at the registration table upon arrival and complete and return the CME Verification Request Form before departing the seminar. A breakdown of credit hours will be available on-site once final credit approval has been issued by the AOA. Credits will not be issued to physicians failing to sign in.

REGISTRATION INFORMATION

The Seminar Registration Form, along with payment must be received no later than **September 20, 2013** to receive the early registration rate. Registrations received after **September 20, 2013** will be charged the "At the Door". Online registration is available 24 hours a day at www.caomed.com.

CANCELLATIONS, REFUNDS AND GRIEVANCES

Refunds for cancellation will be granted in full if notification is received by **September 15, 2013**. After this date, no refunds will be applied. Failure to attend or cancel registration according to these guidelines results in a forfeiture of the registration fee.

This program is designed to comply with Uniform Guidelines for Accrediting Agencies of Continuing Medical Education. All grievances will be responded to within 30 days of receipt. Initially, all grievances should be directed to the CAOM CME Department. Additional information

24TH ANNUAL WESTSIDE SEMINAR

ADVANCED REGISTRATION FORM

No Advanced Registration will be accepted after Sept. 20, 2013

Return this form by mail or email to:

CAOM
PO Box 356
Avon, Ohio 44011
Email: caomed1@yahoo.com

Join CAOM at a discounted rate of \$75 to receive CAOM Reduced Pricing

By 9/20/2013 At The Door

<input type="checkbox"/> CAOM Members (Active and Retired)	\$130	\$235
<input type="checkbox"/> OOA/AOA/ACOPF Member (please circle association)	\$180	\$285
<input type="checkbox"/> Nonmembers	\$190	\$300
<input type="checkbox"/> Retired Non-Member or Physician Assistant	\$150	\$255
<input type="checkbox"/> Osteopathic Residents & Students Do you need Resolution 42 Credit? ____yes ____no	Free	\$65

Please complete all required information below

TOTAL ENCLOSED: _____

NAME:	AOA NUMBER:	
OFFICE ADDRESS:	COLLEGE/YR GRAD:	
OFFICE CITY/STATE/ZIP:	OFFICE PHONE:	
EMAIL:		
Check type of credit card: <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover	Expiration Date:	
Card Number:	CV Number:	
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