

PLEASE ROUTE TO:

Page 1/2

**Director of Nursing and/or Training Coordinator**

Wound Care 101 is 8.5 contact hours presented over two days, teaching state-of-the-art techniques. Hands-on opportunities are offered.

Reserve seats prior to two weeks before, and attendee pricing is only \$99 per person (\$149 after that).

We offer a 10% discount to groups of three or more from the same facility (only \$89/person).

# Wound Care 101

## 8.5 Contact Hours

In Wound Prevention, Care & Healing

Training for RNs, LPNs, and other Caregivers

**St. Louis – February 11-12**

Holiday Inn Six Flags St. Louis – Eureka, MO (636) 938-6661

**Chicago – March 4-5**

Holiday Inn Chicago NW, Elgin, IL – (847) 488-9000

More info is at [www.WoundCareConference.com](http://www.WoundCareConference.com)  
Download Faxable Registration Forms or call us for more.

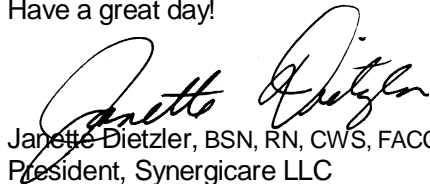


I am excited to invite you & your colleagues to a Wound Care 101 Conference. Developed and taught by nurses working in the field, this class is very valuable to caregivers in long term care facilities, hospice, home health, acute care, and outpatient settings.

You get a comprehensive look at wound care and advances in healing modalities, enhancing clinical practice and quality of life. Stressing both healing and prevention, your mobility-limited, geriatric, diabetic and other at-risk patients will benefit from the knowledge you will gain from this course.

Attached is our info & registration sheet.

Have a great day!



Janette Dietzler, BSN, RN, CWS, FACCWS  
President, Synergicare LLC

### Attendees will be able to:

- Identify how wounds are classified according to etiology and depth, including updates in NPUAP Pressure Ulcer Staging system.
- Describe the phases of wound healing.
- List at least three wound characteristics to document as part of a comprehensive wound assessment.
- Identify different types of lower extremity ulcers and corresponding treatments.
- Describe mechanism of action for wound healing by topical category.
- List indications and contraindications for each product category.
- Identify current wound care products and how to use them in their clinical setting to maximize their effectiveness.
- Define changes in CMS reimbursement and apply to clinical practice.
- Define regulatory initiatives in regard to pressure ulcer care and management and discuss impact on care.
- Describe ways to prepare for regulatory initiatives and ensure that your facility is prepared for the changes coming.

### About Synergicare:

Synergicare was founded in 2007 with the mission of improving patient quality of life by providing high quality education, training and other materials to healthcare providers. We are located in the St. Louis metro area.

### Wound Care 101 Agenda

Introduction, Overview of Wound Care, Pressure Ulcers: What Lies Beneath  
Advanced Wound Therapies; Past, Present, Future  
Differentiating Lower Extremity Ulcers  
Hands On Lab Stations  
CMS Changes & What They Mean For Us  
Coding & Reimbursement Across The Continuum  
Questions & Evaluations

Contact us at

Synergicare LLC  
931 Meadow Drive  
Catawissa, MO 63015

Conference Questions  
[jdietzler@synergicare.com](mailto:jdietzler@synergicare.com)

Registration Info  
[jbeamon@synergicare.com](mailto:jbeamon@synergicare.com)

We are using fax numbers from our business card & contact directory, and publically advertised information. If you would like to be removed, please email us at [questions@synergicare.com](mailto:questions@synergicare.com).

[www.WoundCareConference.com](http://www.WoundCareConference.com)

Phone: (636) 257-8289

Fax: (636) 271-0915  
or (866) 531-5360

# 8.5 Contact Hours

**for the Nursing Professional,  
Covering Treatment & Advances  
in Wound Prevention, Care and Healing**

This continuing nursing education activity was approved by the Missouri Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. It is approved for 8.5 contact hours.

# Wound Care 101

3 Ways To Reserve: Click [www.WoundCareConference.com](http://www.WoundCareConference.com), or fax or mail this form and appropriate fees to Synergicare LLC, 931 Meadow Drive, Catawissa, MO 63015. Make checks payable to Synergicare LLC. Please print or type, and complete one form per attendee. Photocopies are acceptable. Walk-ins are accepted, but please call 636/257-8289 to confirm space. Registration fee includes all sessions, program materials and contact hours certificate (issued on-site upon full completion of course).

Register Early! Reserve your space today, even if your employer is paying later. Registrations are confirmed when payment is received, and are accepted on a first come/first served basis – minimum/maximum attendance numbers have been established. We will contact you to confirm registration information.

**Cancellation Policy:** A full refund, minus a \$50 processing fee per attendee, will be given for *written* cancellations received prior to two weeks before your Conference. Cancellations may be mailed or faxed to the below numbers. No refunds will be processed for cancellations received after that date.

Treasury Regulation 1.162-5 allows an income tax deduction for educational purposes. Recommended attire is business casual. This is a non-smoking event. Please contact us if you will require special assistance or have other ADA needs.

Fax or mail to: Synergicare LLC  
931 Meadow Drive  
Catawissa, MO 63015

(636) 257-8289 voice – (636) 271-0915 fax  
(866) 531-5360 Toll-Free Fax

Register or download additional registration forms at  
[www.WoundCareConference.com](http://www.WoundCareConference.com)

I am registering for:

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**Conference fee:** \$149 per conference per person, or register prior to two weeks before for only \$99. Receive a 10% discount for groups of 3+ (as low as \$89/each).

## Fax Toll-Free to (866) 531-5360

### Certificate/Badge Info (copy one sheet per attendee)

Name (for certificate)
Job Title
For Contact Hours, we <u>need</u> Nursing License Number or SSN <u>REQUIRED</u> If you only want a certificate of attendance, leave this blank.
Home Address
City, State, Zip
Home Phone
Employer
Employer Address
City, State, Zip
Work Phone
Work Fax
E-Mail Address
How Should We Contact You? <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail

### Payment Information

Payment method: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover please make checks payable to <b>Synergicare LLC</b>	<input type="checkbox"/> This is part of a multiple registration  _____ of _____ attendees
Name on Credit Card	
Credit Card #	
Digits in Signature Box (3 or 4 digit number on back of card)	Expiration Date
Credit Card Billing Address	
Credit Card Billing Zip Code	
Signature	
Total Charged to card: \$	

Reserve at [www.WoundCareConference.com](http://www.WoundCareConference.com) or fax toll-free to **(866) 531-5360**