



# 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, California**

**There is NO FEE  
to attend!**

**Register early.  
Space is limited.**

**Monday  
June 1, 2009**

**8:00 a.m. — 4:30 p.m.**

## **Location:**

**MAHEC, Classroom 5  
501 Biltmore Avenue  
Asheville, North Carolina  
28801**

**Advance registration required. Register using the enclosed form.**

Mail completed form to Joy Smith, WNCAP, PO Box 2411, Asheville, NC 28802. Or you may fax the completed form to Joy at (828) 253- 8602.

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

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

**Program Information:** Kathy Ostertag (828) 252-7489 ext. 325

**Registration & Cancellations:** Joy Smith (828) 252-7489 ext. 325 or [jsmith@wncap.org](mailto:jsmith@wncap.org)

**Co-sponsored by:** *Western NC AIDS Project* and supported by an unrestricted educational grant from Roche.

# Hepatitis C Training Workshop

June 1, 2009

## REGISTRATION FORM

**NOTE: There is no registration fee to attend this program. To help us plan appropriately, please call Joy Smith at (828) 252-7489 ext. 325 if you find after registering that you will not be able to attend. You may also e-mail any cancellations to Joy at [jsmith@wncap.org](mailto:jsmith@wncap.org)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
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: \_\_\_\_\_

**To register, mail to:**

Attention: Joy Smith  
WNCAP  
Post Office Box 2411  
Asheville, NC 28802  
Telephone: (828) 252-7489 ext. 325  
**Fax: (828) 253-8602**

**Circle the credit desired:**

Substance Abuse    CEU    CNE    CHES

Signature: \_\_\_\_\_

**NOTE:** If you require reasonable accommodations for a disability in order to participate fully in this continuing education activity, please contact Joy Smith by phone (828) 252-7489 ext. 325 or by fax (828) 253-8602, 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.**

(This form may be duplicated)