## Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:30 AM</td>
<td>Registration and Coffee</td>
</tr>
<tr>
<td>8:30-10:00 AM</td>
<td>Building Palliative Care from the Ground Up</td>
</tr>
<tr>
<td>10:15-11:45 AM</td>
<td>Growing a Culture of Palliative Care Across Healthcare Settings</td>
</tr>
<tr>
<td>11:45 AM-12:30 PM</td>
<td>LUNCH <em>(included)</em></td>
</tr>
<tr>
<td>12:45-1:45 PM</td>
<td>Why Having a Palliative Care Team Matters: Benefits of the Interdisciplinary Team Approach</td>
</tr>
<tr>
<td>2:00-2:15 PM</td>
<td>B.O.A.T.I.N.G.: Something You Can Offer in Your Community</td>
</tr>
<tr>
<td>2:15-3:00 PM</td>
<td>The Power of Therapeutic Music</td>
</tr>
<tr>
<td>3:00-3:15 PM</td>
<td>Evaluations and Closing</td>
</tr>
</tbody>
</table>

Additional program information is available on our website: [WWW.ANSELM.EDU/CNE](http://WWW.ANSELM.EDU/CNE)

Thursday, March 5, 2020

8:30 AM – 3:15 PM

Dana Center, Saint Anselm College

Jointly provided by:

SAINT ANSELM COLLEGE
CONTINUING NURSING EDUCATION
100 Saint Anselm Drive
Manchester, NH 03102-1310

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visit us online:
[www.anselm.edu/cne](http://www.anselm.edu/cne)
GENERAL INFORMATION

TARGET AUDIENCE: This conference is ideal for nurses and other healthcare professionals who care for patients toward the end of life, including those who are new to palliative care concepts as well as those who are experienced in caring for end-of-life patients.

CONTACT HOURS: This conference provides 5.25 contact hours.

FEE: $149 (includes morning coffee, breaks and lunch)

GROUP DISCOUNT: If five or more people from the same agency register at the same time for the same conference, you may deduct 10%. Mailed registrations must arrive in the same envelope. Faxed registrations must arrive together.

CANCELLATION/REFUND POLICY: Registrants who are not able to attend or send a substitute can obtain a refund of registration fees, minus a $25 processing fee. A request must be received by February 13, 2020. REFUNDS WILL NOT BE ISSUED AFTER THIS DATE- NO EXCEPTIONS.

CONFIRMATIONS: Your confirmation will be emailed to you.

TAPING IS NOT ALLOWED.

CONFERENCE HANDOUTS: A link will be emailed to all participants prior to the start of the conference.

PROGRAM CHANGES AND CANCELLATIONS: We reserve the right to make changes in content or speakers, or to cancel programs if enrollment criteria are not met or when conditions beyond our control prevail.

INCLEMENT WEATHER: In the event of severe inclement weather, the program may be cancelled. Call our voice mail at 603-641-7086. We will have the latest information at the number after 6:30am.

QUESTIONS: contact 603-641-7086 or anselm.edu/cne.

Accreditation
Saint Anselm College is approved as a provider of nursing continuing professional development by the Northeast Multistate Division, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

WWW.ANSELM.EDU/CNE

REGISTRATION FORM
Enhancing Care in Palliative Care

MAIL: Saint Anselm College
Continuing Ed #1745
100 Saint Anselm Drive
Manchester, NH 03102-1310
PHONE: 603-641-7086,
credit card required
FAX: 603-641-7089
credit card required
ONLINE: www.anselm.edu/cne
credit card required

PLEASE PRINT CLEARLY OR TYPE.

Name ____________________________________________
Credentials _______________________________________
Home Address ______________________________________
City___________________State______Zip __________
____________________________________________________
Home Phone (_________ ) __________________________
Work Phone (_________ ) __________________________
Email ____________________________________________
Employing Agency _________________________________
Address __________________________________________
City___________________State______Zip __________
____________________________________________________

CONFERENCE FEE

☐ Registration Fee: $149
Fee includes morning coffee, breaks, and lunch.

METHOD OF PAYMENT

☐ Check enclosed made payable to Saint Anselm College in the amount of $______________
☐ I authorize the use of my credit card: ☐VISA ☐MasterCard
Account #__________________________ Exp _____
Amount Authorized: $______________ Date __________
Signature ____________________________