



Sunday 21 March 2010
Adelaide Convention Centre, South Australia

First Trimester Ultrasound Half Day Update Course

in conjunction with the
Royal Australian and New Zealand College of
Obstetricians and Gynaecologists
2010 Annual Scientific Meeting



FURTHER INFORMATION

Please contact the meeting Meeting Secretariat:

Ms Lai Yue Aitken

RANZCOG

254-260 Albert Street

East Melbourne VIC 3002

AUSTRALIA

T +61 3 9412 2938

F +61 3 9419 0672

E nuchaltrans@ranzocg.edu.au

About the Workshop

Ultrasound is an essential component of modern obstetric care. It is therefore an important requirement that personnel performing the first trimester scan are properly trained and that high standards are maintained by continuing education and audit.

The certification in the first trimester scan is open to all those involved in obstetric ultrasound, including obstetricians, radiologists, sonographers, midwives and genetic counsellors.

Sunday 21 March 2010, 1300-1700

Venue: Adelaide Convention Centre
North Terrace, Adelaide, South Australia

Cost: AUD\$ 250.00 incl GST

Draft Program

1300	Understanding Certification and Audit of the First Trimester Scan Ms Ann Robertson
1330	Practicalities Measuring the Nuchal + CRL Ms Vanessa Pincham
1400	Nasal Bone Screening: Introduction to Practice in Australia Dr Andrew McLennan
1430	Biochemistry and Combined First Trimester Screening Dr John Hyett
1500	AFTERNOON TEA
1530	Risk Algorithm for NT Screening: Clinical Impact of Recent Changes Dr Andrew McLennan
1600	Screening Multiple Pregnancies for Chromosomal Abnormality Dr John Hyett
1630	Forum Discussion, Questions and Answers All Presenters
1700	Workshop Concludes

REGISTRATION

Complete the registration form and forward with payment to the address below:

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PARKING AND ACCOMMODATION

Further information in regard to the meeting venue and accommodation options around Adelaide are available on the RANZCOG 2010 ASM website at www.ranzcog2010asm.com.au

Registration Cancellation Policy

- Registration cancellations will not be accepted unless made in writing to the First Trimester Ultrasound Half Day Update Course Meeting Secretariat.
- A full refund of registration less an administration fee of \$75.00 will be made to any delegate cancelling before 19 February 2010. Refunds for cancellations after 19 February 2010 will not be possible.
- Where there are extenuating circumstances, a full refund of the registration fee may be considered by and at the discretion of the Meeting Secretariat.

RANZCOG 2010 ASM

The First Trimester Ultrasound Half Day Update Course is being held in association with the 2010 Annual Scientific Meeting of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG 2010 ASM), being held at the Adelaide Convention Centre on 21-24 March 2010.

The RANZCOG 2010 ASM Organising Committee have invited renowned national and international speakers and prepared a program of wide appeal, promising to satisfy all levels of scientific and clinical interest across the specialty of obstetrics and gynaecology. Visit the meeting website at www.ranzcog2010asm.com.au for further information.

Delegates attending the First Trimester Ultrasound Half Day Update Course are welcome to register to attend the RANZCOG 2010 ASM.

First Trimester Ultrasound Half Day Update Course

Sunday 21 March 2010

TAX INVOICE
 ABN 34 100 268 969
 This document becomes a Tax
 Invoice for GST when payment
 is received.

A. DELEGATE DETAILS

(Please print clearly in BLOCK letters) Title (e.g. Prof/Dr/Mr/Mrs/Miss/Ms)

Given Name Surname

Preferred name for name badge (if different from above)

Organisation

Postal Address

Suburb/City State Postcode

Country Facsimile

Telephone (work) Telephone (mobile)

Email (Required)

Special requirements

Dietary Requirements

Disability Assistance

REGISTRATION AND FURTHER INFORMATION

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B. MEETING REGISTRATION

First Trimester Ultrasound Half Day Update Course
 Sunday 21 March 2010, 1300-1700

AUD\$ 250.00 (incl. GST)

C. PAYMENT METHOD

- OPTION 1: Cheque (please make cheques payable to 'RANZCOG')
- OPTION 2: Credit Card MasterCard Visa

Please complete credit card details below:

Cardholder Name: _____ Expiry Date: _____

Credit Card Number: _____

Amount (incl. GST) AUD\$: _____ Cardholder Signature: _____