



Fall 2015 Lupus Treatment and Research Mini-Conference

Saturday, December 5, 2015, 11 am to 4 pm

Hospital Auditorium, St. Joseph's Medical Center.
1800 N. California St, Stockton, CA 95204.

Featuring: Dr. C. Michael Neuwelt



Dr. Neuwelt, the first recipient of LFNC's Purple Ribbon Award for his contribution to lupus research and treatment in 2014, is a clinical professor of Medicine at the University of California San Francisco, Chief of Rheumatology at Alameda County Medical Center in Oakland and Director of Rheumatology Core Curriculum at St. Mary's Medical Center in San Francisco. He has been challenged and fascinated by Systemic Lupus Erythematosus (SLE) since 1973 during his third year of medical school. This challenge has persisted in his private clinical practice and teaching at a county hospital since 1979.

Dr. Neuwelt will discuss latest trends in disease management of lupus and present an update on several lupus research projects he is involved in.

The conference will also feature a patient panel.

CEU Credits for California Registered Nurses

By attending this conference, Registered Nurses will have the opportunity to earn 4.5 contact hours through LFNC, a provider approved by the California Board of Registered Nurses, Provider Number 05677.

Registration Fee* (refreshment included):

- ❖ \$30 for non-credit attendees (patients, guests, health professionals)
- ❖ \$50 for credit attendees (CA Registered Nurses, 4.5 CEU credits)
- ❖ *Current members of LFNC entitled to \$10 off registration fee

Fall 2015 Lupus Treatment and Research Mini-Conference

Saturday, December 5, 2015

Registration Form

(online registration at LFNC.org recommended)

Please fill out the form below and return to the LFNC office by mail at 2635 N First St #211, San Jose, CA 95134 or fax to: 408-954-8129.

Participant Data

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

If RN Desiring CEU Credit, Enter License Number: _____

Are you a vegetarian? **Yes** | **No**

Additional Attendees

Will you be attending with others? (please circle one): Yes | No

If yes, please list the names of additional attendees (use additional sheet if necessary):

<u>Name</u>	<u>License No. (if RN desiring credit)</u>	<u>Vegetarian?</u>
		Yes No
		Yes No
		Yes No

Payment Data

Check/enter number of registration for each type:

☐ CEU Credit,
Non-LFNC
Member - \$50

Number: _____

☐ CEU Credit, LFNC
Member - \$40

☐ Non-Credit,
Non-LFNC
Member - \$30

Number: _____

☐ Non-Credit, LFNC
Member - \$20

Number: _____

Additional tax-deductible donation: \$ _____

Total: \$ _____

Check No: _____

Credit Card (Visa | MC | AmEx | Discover) information:

Card No: _____

Exp. Date: _____

Billing Zip
Code: _____