

**ISSAMT 2017 Spring Educational Seminar and Business Meeting**

**Friday, May 12, 2017~ 8am-5 pm**

**Elmhurst Hospital**

**155 E Brush Hill Rd, Elmhurst, IL 60126**

**\*\*Elm and Maple Rooms~ please use the east entrance and take the elevators to the lower level\*\***

**Program Total of 6 CE's**

*Breakfast at 8-8:45 am*

*8: 45 -9 am ~Welcome from your Illinois State President~ Nancy Gabl, MSHRM, RMA (AMT) CPT (NPA), AHI (AMT)*

*9- 10:30 am ~ Richard A Jorgensen, MD, FACS DuPage County Coroner, Topic "Death Investigations"*

*10:30- 12 noon ~ Abdul Muhanna, MT, MS, M (ASCP) SM, Supervisor, Microbiology and Virology Laboratories, John H. Stroger, Jr. Hospital of Cook County~ Topic~ "Laboratory Infection Control and Prevention "*

*12-1 pm~ Lunch*

*1 -2:30 pm~ Marie T Brown, MD FACP, Senior Physician Advisor, Physician Satisfaction and Practice Sustainability Group, American Medical Association~ Topic~" Practice Wisely and Save 2 hours/day" This session will describe new AMA practice transformation modules ([StepsForward](#)™) that can help physicians and staff re-engineer their office practice.*

*2:45-4:15 pm~Elaine T. Miyamoto, MSCTRM, MS, RMA (AMT), CMA (AAMA), RHIA. She is currently a professor at Robert Morris University. Topic~ "Disaster Preparedness in your Home"*

*4:30-5:00 pm ISSAMT Business Meeting*

**Registration~\$25 for all members, \$30 for non-members and \$10 for students for allied health with ID~ includes breakfast and lunch and free t-shirt!**

Instructions: Please call Jorge Belman@ Nancy Gabl at 630-903-4910 or send a scanned registration form attached to [Illinois\\_AMT@outlook.com](mailto:Illinois_AMT@outlook.com)

You will need the following information and your information will be processed using the "square". We will send you a receipt and your money will be directly deposited. Please note: seating is limited this year. No checks or cash~ sorry

Name listed on Credit or debit card\_\_\_\_\_

Complete address\_\_\_\_\_

Phone \_\_\_\_\_ Member ID \_\_\_\_\_ Discipline\_\_\_\_\_

Debit or Credit Card Number\_\_\_\_\_

Expiration Date\_\_\_\_\_ 3 Digit Security Code\_\_\_\_\_