



## **CENTRAL SERVICE ASSOCIATION OF ONTARIO**

### **THETA CHAPTER EDUCATION DAY**

**May 28<sup>th</sup> & 29<sup>th</sup> 2010**

**[www.csao.net](http://www.csao.net)**

***IN PARTNERSHIP:***

***3M CANADA***

***CARSEN***

***GETINGE***

***LACMAC***

***PENTAX***

***SCICAN***

***SPS MEDICAL***

***STERIS***

***VIROX***

**LOCATION North Bay**

**Hotel Information Holiday Inn Express**

**1325 Seymour St. North Bay ON, P1B 9V6**

**(705)476-7700 or (866)899-9053 FAX (705)476-7760**

**Rate: \$129.00 plus tax Room \$15.00 extra for suite**

**Rooms blocked so state for CSAO Theta Event Book before April 30<sup>th</sup>**

**Directions: Sound Bound Hwy 11 and 17, first set of light turn left at lights on Seymour Street**

**North Bound Hwy 11 and 17, turn right at lights on Seymour Street**

**AGENDA THETA CHAPTER 2nd EDUCATION DAY**

**May 28<sup>th</sup> Social 7-9 pm Sponsored by CSAO Theta chapter**

**May 29<sup>th</sup> Education Day**

**0830 Registration and 2010-2011 Membership fees will be collected.**

**0900 Chemical Indicators Classes and Questions! 3-M**

**1000 Break**

**1015 Washer Disinfectors and Testing Required for Quality Assurance Getinge**

**1115 Event Related Sterility - TBA**

**1215 Lunch**

**1300 Reusable Linen versus Single Use How to make that Decision? Robert Poole Lac Mac**

**1400 Dress Code MDRD, OR and Endoscopy - Tammy Bernardo and Michelle Bellefeuille**

**1445 Draws and closing remarks**

DELEGATE REGISTRATION FORM

(PLEASE PRINT CLEARLY)

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: (HOME) \_\_\_\_\_

HEALTH CARE INSTITUTION: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ E-Mail \_\_\_\_\_

DEPARTMENT/POSITION: \_\_\_\_\_

CSAO 2009-2010 MEMBER THETA CHAPTER (FREE ATTENDANCE PLEASE MARK WHAT YOU WILL ATTEND)

■ FRIDAY SOCIAL \_\_\_\_\_ ■ SATURDAY \_\_\_\_\_

N. B. PLEASE NOTE IF CANNOT ATTEND AFTER REGISTRATION LET US KNOW AS WE HAVE TO PAY FOR MEALS.

NOT THETA CHAPTER CSAO MEMBER COST \$25.00

CHEQUE ENCLOSED MADE TO THETA CHAPTER \$25.00 ■ FRI SOCIAL \_\_\_\_\_ ■ SAT \_\_\_\_\_

MAIL TO: NICOLE ROBINSON Coordinator - Food Service and Central Processing, West Nipissing General Hospital  
725 Coursol Rd., Sturgeon Falls, ON P2B 2Y6

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

REGISTRATION MUST BE RECEIVED BY MAY 10<sup>th</sup> 2010

VENDOR REGISTRATION FORM

NAME COMPANY: \_\_\_\_\_

SALES REPRESENTATIVE NAME: \_\_\_\_\_ Cell Number: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

COST EXHIBIT: \$125.00 Cheque made to THETA chapter: Lunch and breaks included \_\_\_\_\_ Total \$125.00

Mail to: Nicole Robinson Coordinator - Food Service and Central Processing, West Nipissing General Hospital  
725 Coursol Rd., Sturgeon Falls, ON P2B 2Y6