

Sponsor

Ginger-K Lymphedema & Cancer Care Center

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Dear Friend,

Plan to attend our Wound Care & Lymphedema Symposium scheduled for Saturday, **June 3, 2017**, from 8am-5pm in the **Atrium and Conference Room of the Holiday Inn Express Hotel & Suites in Morgan Hill, CA**. This beautiful facility is located at 17035 Condit Road off Dunne Avenue east of Hwy 101 in Morgan Hill, CA. and has ample, free off- street parking.

Food will be served throughout the day with Registration and a continental breakfast beginning at 8am.

Presentations - HIGHLIGHTS: Advancements in Lymphatic Research with details of a new Clinical Trails; A Clinical Study in Wound Care; The Treatment of Lymphedema Feet; Wounds - a Severe Side Effect of Lymphedema; Essentials of Wound Care, Classifications of Wounds, Wound Bed Preparation and Dressing Categories; Wound Care Practicum – using BSN Medical Wound Care Products, Farrow Wraps and Gradient Bandaging.

Exhibitors - will be displaying products and services for not only specialized lymphedema care, but also those that aid in total patient wellness; latest wig styles; wound care products; new designs in lymphedema garments, ready-made & custom; special dietary aids and nutritional support; progress reports in lymphedema research; new technology in the treatment of wounds associated with lymphedema

CEU's - available to MD's RN's, PT's, OT's and lymphedema therapists who attend the Forum. **Cost: \$125.00, includes:** continental breakfast, lunch, and finger foods throughout the day, lymphedema care packet, wound care practicum, CEU for 9 Contact Hours, free parking, and access to several exhibitors, and handouts.

Distribution - over 2,000 invitations will be sent out and **only 60 professionals may attend**

You will receive Symposium brochure/details 2 months prior to the Symposium Date

Cancellations – no refunds if cancelled within 30 days of symposium

To assure your seating, make your reservations early. Fax/email/mail forms.

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Name: _____ Email: _____

Address: _____

City/State/Zip: _____

Professional License # _____ State Licensed _____

Admission: \$

Method of payment: Check* VISA MC

Card # _____ Exp. Date _____

Signature: _____ Print Name: _____

* Make checks payable to Ginger-K Center