



New York State Society of Physician Assistants

# Suturing for the Non Surgeon Workshop

**Sunday, October 7, 2018**

**8:30am - 11:30am**

**Instructor: Anthony Mifsud, PA-C, DFAAPA**

## **Registration Fee:**

**Member – \$75.00 • Non-Member – \$100.00**

## **Target Audience:**

Practicing PAs and PA Students

## **Workshop Description:**

This workshop will encompass both instruction and active participation with: instrument ties, interrupted sutures, continuous running sutures, and vertical mattress. Time permitting, we will cover horizontal mattress and running subcuticular.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of Albany Medical College and The New York State Society of Physician Assistants. Albany Medical College is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.


*The Albany Medical College designates this Enduring Material activity for a maximum of 29.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

For additional information or assistance with this form, telephone: 917-679-4005.

**Online registration is available at [www.nysspa.org](http://www.nysspa.org)**

Or you may mail the completed form to NYSSPA Registration, 174 S. New York Rd., POB 606, Oceanville, NJ 08231  
or Fax :609-573-5064 or email: [meetings@nysspa.org](mailto:meetings@nysspa.org)

**CONTACT INFO:** (please print or type)

☐ Please check if assistance is needed 

Dr./Prof./Mr./Ms. \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Degree \_\_\_\_\_  
Preferred First Name \_\_\_\_\_ Affiliation \_\_\_\_\_  
Position/Title \_\_\_\_\_ Department \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

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**METHOD OF PAYMENT**

If you require special payment arrangements please contact the office at 917-679-4005.

- ☐ Enclosed is a check **payable to NYSSPA**. Checks must be payable in U.S. Dollars and issued by a U.S. Correspondent Bank. Each registrant is responsible for any and all bank charges. A \$50.00 processing fee will be charged for checks returned unpaid.
- ☐ I wish to pay my fees by **credit card**. Please note: this charge will appear on your statement as "NYSSPA".
- ☐ Amex (15 digits) ☐ Master Card (16 digits) ☐ Visa (16 digits)

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Expiration Date: \_\_\_\_ / \_\_\_\_ Validation Code \_\_\_\_\_ (3 digit code on the back of V/MC and 4 digit on front of AMEX)

Address associated with the Card if different from address listed above: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_

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

Note: Registrations paid by credit card may be faxed to 609-573-5064. Keep a copy of your fax transmittal confirmation for your record. If faxing, do not mail the original form. Doing so may result in duplicate charges to your credit card. Please do not email your credit card information.

**CANCELLATION POLICY**

If you must cancel your registration, all requests must be received in writing by NYSPARegistration or via email to [meetings@nysspa.org](mailto:meetings@nysspa.org) or faxed to the number above and postmarked or transmitted electronically **no later than September 20, 2018**. All fees paid will be refunded minus a \$50.00 processing fee. **There will be no refunds after September 20, 2018.**