NEW ENGLAND
VASCULITIS FOUNDATION
HEALTH CARE PROVIDER PROGRAM
Saturday, March 19, 2011

PROGRAM DESCRIPTION
This half-day program will address diagnosis and management of vasculitis, including recent important changes in the state of the art. Each presentation will provide attendees with a clear understanding of the current standard of care.

FORMAT
Lectures, panels, question and answer session.

TARGET AUDIENCE
Rheumatologists, internists, hospitalists, nephrologists, pulmonologists, nurse practitioners, and other health care professionals interested in vasculitis.

EDUCATIONAL OBJECTIVES
Review diagnosis and management of both large and small-vessel vasculitis.
Review new and promising therapies for vasculitis.

FEES
Physicians
$100
$125 (Late and on site registration)
Allied Health Care Professionals
$75
$85 (Late and on site registration)
*Residents/Fellows
$40
$55 (Late and on site registration)

*Residents/Fellows registration must include written proof of residency (a letter from Program Director) to receive reduced fee.
Residents/Fellows must send the registration form and written proof via mail or fax.

Registration
MAIL registration form and payment
(checks payable to Vasculitis Foundation)
Vasculitis Foundation
PO Box 28660
Kansas City, MO 64188-8660

REGISTER ONLINE http://www.vasculitisfoundation.org/program
FAX completed registration form with credit card payment information to 816.436.8211
CALL 816.436.8211 to register with credit card.

CONFIRMATION
In order to receive a registration confirmation, please provide your email or fax number. If you do not receive a confirmation, please call 816.436.8211 to confirm your registration.

REFUND POLICY
All cancellations must be received in writing and refunds will be subjected to a $25 administrative charge. No refunds will be given after Friday, March 11, 2011.

We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us better serve you.

For further information call 816.436.8211 or visit http://www.vasculitisfoundation.org/program
Faculty

GARY S. HOFFMAN, MD, MS
Harold C. Schott Professor of Medicine
Department of Rheumatic and Immunologic Diseases
Center for Vasculitis Care and Research
Cleveland Clinic/Lerner College of Medicine

PETER A. MERKEL, MD, MPH
Professor of Medicine, Section of Rheumatology
Principal Investigator, Vasculitis Clinical Research Consortium
Director, Vasculitis Center, Boston University School of Medicine
Boston, Massachusetts

JOHN L. NILES, MD
Nephrology and Internal Medicine
Massachusetts General Hospital
Boston, Massachusetts

JOHN H. STONE, MD, MPH
Clinical Director of Rheumatology
Massachusetts General Hospital
Boston, Massachusetts

Also hosted by the Vasculitis Foundation

MARCH 19, 2011
Vasculitis Foundation
New England Conference & Concert
FOR PATIENTS, FAMILIES & FRIENDS
12:30 pm - 10:00 pm
Doubletree Guest Suites Hotel
Boston / Waltham
550 Winter Street
Waltham, Massachusetts 02451
http://www.vasculitisfoundation.org/patientprogram

AND

MARCH 19, 2011
The Longwood Symphony Orchestra Concert
BENEFITTING THE VASCULITIS FOUNDATION
8:00 pm
New England Conservatory’s Jordan Hall
30 Gainsborough Street
Boston, Massachusetts
To purchase tickets: 816.436.8211
Conference Location

DOUBLETREE GUEST SUITES HOTEL BOSTON / WALTHAM
550 Winter Street
Waltham, Massachusetts 02451
781.890.6767

General Driving Directions

From Route 93 (Boston) - Take Route 93 South to I-90 (MA Turnpike) west. Follow to Route 128/95 North. Take Route 128/95 to exit 27B (Winter St.). At the end of the exit ramp, turn right at the light. Then, at the top of the hill, bear right over the highway. Get into the lane for First Avenue. The hotel entrance is on First Avenue at the corner of First Avenue and Winter Street.

From Route 93 (New Hampshire) - Take Route 93 South to Route 128/95 South. Take Route 128/95 South to exit 27B (Winter Street). Bear right off the ramp. Get in the lane for First Avenue. The hotel entrance is on First Avenue at the corner of First Avenue and Winter Street.

From Mass. Turnpike - Take Mass. Turnpike to Route 128/95 North. Take Route 128/95 to exit 27B (Winter St.). At the end of the exit ramp, take a right at the light. Then, at the top of the hill, bear right to go over the highway. Get in the lane for First Avenue. The hotel entrance is on First Avenue at the corner of First Avenue and Winter Street.

From Route 3 - Take Route 3 to Route 128/95 South to Exit 27B (Winter St.) Bear right off the ramp. Get in the lane for First Avenue. The hotel entrance is on First Avenue at the corner of First Avenue and Winter Street.

From I-90 East - Take I-90 To Route 128/95 North. Take Route 128/95 to exit 27B(Winter St.). At the end of the exit ramp, take a right at the light. At the top of the hill, bear right to go over the highway. Get in the lane for First Avenue. The hotel entrance is on First Avenue at the corner of First Avenue and Winter Street.

From Route 2 - Take Route 2 to Route 128/95 South. Take Route 128/95 to exit 27B (Winter St.) Bear right off the ramp. Follow to First Avenue. The hotel is in front of you.

NEW ENGLAND VASCULITIS FOUNDATION HEALTH CARE PROVIDER PROGRAM • MARCH 19, 2011

Registration Form

MAIL TO: Vasculitis Foundation
PO Box 28660
Kansas City, MO 64188-8660

Last Name: ____________________________________  First Name:______________________________________________

Address: _______________________________________________________________________________________________

City: __________________________________________________   State: __________   Zip: __________________________

Phone: (     ) ______________________   Fax: (     ) ______________________

E-mail: _______________________________________________________________________________________________

Specialty/Area of Interest: ____________________________________   Degree: ___ MD    ___DO    ___RN    ___PA

Other ____________________________________________________________

Payment Method:

___ Check (payable to Vasculitis Foundation) Amount: $ __________________

___ Credit Card:    ___ Visa   ___ MasterCard    ___ Discover   ___ American Express

Credit Card Number: __________________________________________  Exp. Date: __________ Amount: $ _____________

Name on Card: _________________________________________________________________________________________

Authorized Signature: ___________________________________________________________________________________

PLEASE FILL OUT FORM COMPLETELY, DETACH AND SEND WITH PAYMENT INFORMATION
PLEASE JOIN US!

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DOUBLETREE GUEST SUITES HOTEL
BOSTON / WALTHAM

550 WINTER STREET
WALTHAM, MASSACHUSETTS 02451
781.890.6767

www.VasculitisFoundation.org

Featured Speakers
GARY S. HOFFMAN, MD, MS
PETER A. MERKEL, MD, MPH
JOHN L. NILES, MD
JOHN H. STONE, MD, MPH