

**YOU ARE INVITED TO ATTEND A SPECIAL  
AWHONN Advanced Fetal Monitoring Course**

**OCTOBER 30, 2009**

by

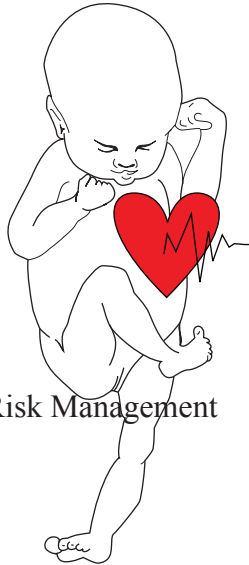
**DR. MICHELLE L. MURRAY, PhD, RNC-OB and  
GAYLE M. HUELSMANN, BSN, RNC-OB, C-EFM**

**REGISTER SOON AS SPACE IS LIMITED TO ONLY 12 PARTICIPANTS.**

Dr. Murray and Ms. Huelsmann will use a case study approach that integrates complex fetal monitor strip interpretation within a clinical context, including facts from the patient's obstetric and medical history. PowerPoint slides are used with active audience participation and discussion.

**AGENDA**

- 0730 Continental Breakfast and registration
- 0800 NICHD Terminology Review
- 0845 Maternal-Fetal Physiology
- 0945 Break
- 1000 Antepartal Fetal Assessment
- 1100 Dysrhythmia and Arrhythmia
- 1200 Lunch (on your own)
- 1300 Complex Case Scenarios
- 1415 Documentation, Communication and Risk Management
- 1500 Soda Break
- 1515 Validation Examination
- 1630 Course Evaluation/Wrap-Up
- 1645 Adjourn



**WHAT YOU RECEIVE**

Course participants will receive the third edition of Advanced Fetal Monitoring Course Student Materials, an AWHONN publication. Participants will also receive 11.9 contact hours from AWHONN after they have read the book (mailed to you in advance of the course), attended the course, and passed the validation examination.

**COST:** \$148 which includes the book, continental breakfast, the course, and afternoon sodas. You may fax the registration (with your credit card information) to (505) 294-2635 or mail your check payable to Learning Resources International Inc.

**REGISTRATION FORM: AWHONN AFM COURSE**

\$148 - Regular Individual Registration

FAX THIS FORM WITH YOUR CREDIT CARD DETAIL TO (505) 294-2635 OR MAIL THE FORM AND CHECK PAYABLE TO LEARNING RESOURCES INTERNATIONAL INC. AT 9500 MONTGOMERY NE SUITE 208, ALBUQUERQUE, NM 87111 (505) 294-2600 (OFFICE)  
FOR MORE INFORMATION, CALL GAYLE AT (505) 294-2600.

PROFESSIONAL LICENSE NUMBER: \_\_\_\_\_ PLEASE CHECK ONE:  LVN/LPN  RN  CNM  NURSE PRACTITIONER  MD/DO  JD  
 Other \_\_\_\_\_

NAME: \_\_\_\_\_ METHOD OF PAYMENT:  
 CHECK ENCLOSED  
 CHARGE MY CREDIT CARD

INSTITUTION AFFILIATION: \_\_\_\_\_ CREDIT CARD INFORMATION:  
 MasterCard  VISA  DISCOVER  American Express Cards

HOME ADDRESS: \_\_\_\_\_ NAME ON CREDIT CARD: \_\_\_\_\_ CARD NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AMOUNT AUTHORIZED \$ \_\_\_\_\_

DAYTIME PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Be sure to enclose your check if choosing that method of payment. You should receive a confirmation card within 3 weeks of our receipt of your registration form. If you do not receive a confirmation card, please call Learning Resources International Inc. at (505) 294-2600 and leave your name and telephone number.