



Annual Pediatric Infectious Diseases Conference

37th Annual Dwight A. Powell Pediatric Infectious Diseases Conference in conjunction with
35th Annual Pediatric Infectious Diseases Nursing Conference

April 12, 2019

Fawcett Center at The Ohio State University

7:00 – 7:45 a.m.	Conference Check-In/Breakfast/Exhibits
7:45 – 8:00 a.m.	Welcome/Announcement
8:00 – 9:00 a.m.	Vaccine Policy 2019: Between Rocks and Hard Places – Sarah Long, MD
9:00 – 9:45 a.m.	Red Book Update – Mike Brady, MD
9:45 – 10:00 a.m.	BREAK
10:00 – 10:45 a.m.	Advances in the Diagnosis of Infectious Diseases – Amy Leber, PhD
10:45 – 11:30 a.m.	Congenital/Perinatal CMV Infections – Pablo Sanchez, MD
11:30 a.m. – 12:15 p.m.	Spectrum of <i>Streptococcus pyogenes</i> Infections – Guliz Erdem, MD
12:15 – 1:00 p.m.	LUNCH/Open Forum

PHYSICIAN BREAKOUTS: (*Alumni Room*)

1:00 – 2:00 p.m.	The Year's Top ID Articles for the Practitioner – Sarah Long, MD
2:00 – 2:45 p.m.	<i>Kingella kingae</i> Infections – Juan Chaparro, MD
2:45 – 3:00 p.m.	BREAK
3:00 – 3:45 p.m.	A Primer of the Respiratory Viruses – Asun Mejias, MD
3:45 – 4:30 p.m.	Meningoencephalitis – Bill Barson, MD
4:30 p.m.	ADJOURN

NURSING BREAKOUTS: (*Main Ballroom*)

1:00 – 2:00 p.m.	Nursing Role in Antibiotic Stewardship – David Stukus, MD
2:00 – 2:45 p.m.	Disseminated MRSA – A Transdisciplinary Discussion <i>Moderator:</i> Cassandra Krinn
2:45 – 3:00 p.m.	BREAK
3:00 – 4:30 p.m.	Nursing Narratives – TBD
4:30 – 4:45 p.m.	EVALUATION & ADJOURN



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When your child needs a hospital, everything matters.™

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Registration Form

Using a credit card? Register online at:

- Early Bird Regular Physician Rate (10/1-1/31) = \$125** **Regular Physician Rate (2/1-4/12) = \$150**
 Early Bird Regular Nurse/Other Profession Rate (10/1-1/31) = \$75
 Regular Nurse/Other Profession Rate (2/1-4/12) = \$100
 NCH/OSU Physician Rate = \$125 (NCH or OSU email required)
 NCH/OSU Fellow/Nurse/Other Profession Rate = \$75 (NCH or OSU email required)

REGISTRANT INFORMATION:

First Name _____ Last Name _____ Credentials _____

Organization _____

Address _____

City _____ State _____ Zip _____

Country _____ Phone _____

Email Address _____

REQUIRED for receipt confirmation

Please select your breakout session preference:

- Physician Breakouts Nursing Breakouts

Special Services Required: *ADA- We encourage participation by all individuals. If you have a disability, advanced notification of your needs will help us to better serve you. Please notify us of your needs at least two weeks in advance.*

- Interpreter for Hearing Impaired Wheelchair Seating
 Vegetarian Option Vegan Option
 Gluten Free Option Other _____

How did you hear about the conference?

- Brochure Email Hospital Employee
 Past Participant Support Group Website Other _____

Payment: *Using a credit card? Register online at:*

Check # _____ **Tax ID: 31-4379441**

Interdepartmental Transfer - *please complete the AM-8 Request for Travel Approval form on Anchor and forward with manager signature with completed registration form.*

Total Amount Enclosed: \$ _____

Please make checks payable to Nationwide Children's Hospital and mail with registration form to:

Nationwide Children's Hospital, Attn: Kelly Conery – Professional Education
 700 Children's Drive, Columbus, OH 43205-2664 or Kelly.Conery@NationwideChildrens.org