SHORT COURSE IN HIV MEDICINE

MONDAY 9 – TUESDAY 10 OCTOBER 2006
9.00am–5.00pm

EDEN ON THE PARK, 6 QUEENS ROAD, MELBOURNE

This two-day course provides medical practitioners and allied health professionals with training in the basic science of HIV, pharmacology, monitoring, treatment and management issues.

Pre-reading includes a distance-learning CD-ROM on *HIV basic science* and the ASHM monographs: *HIV/Viral hepatitis: a guide for primary care* and *HIV management in Australasia: a guide for clinical care.*

Day 1 Monday 9 October: Introduction to HIV Medicine
- Epidemiology and public health issues
- Natural history of HIV infection
- HIV testing and care of the newly diagnosed patient
- Drug classes and prescribing in HIV

Day 2 Tuesday 10 October: Advanced HIV Medicine
- Monitoring of patients on and off therapy
- Side effects and toxicities of therapy
- HIV Post Exposure Prophylaxis (PEP)
- Adherence, complex needs and advanced disease

Participants can register for either a single day or for the complete course.

GPs wishing to become HIV s100 prescribers contact Adrian Ogier on: adrian.ogier@ashm.org.au or call +61 2 8204 0723.

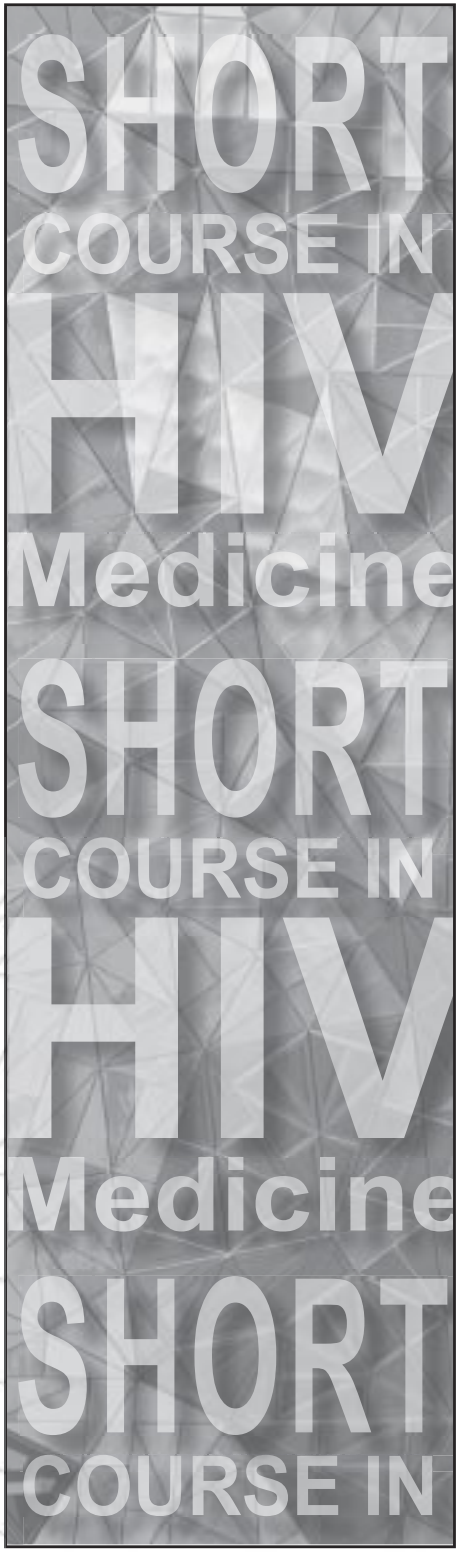
Registrations close 15 September 2006.

Medical Practitioners in NSW or ACT who participate in HIV and/or HCV education programs have their registration fee covered as part of the Community HIV/HCV Prescriber program administered by ASHM and funded by NSW Health and ACT Health.

ashm
Australasian Society for HIV Medicine Inc

This activity has been approved by the RACGP QA&CPD Program

Total CPD points: 30 points per day
(Category 1 Active Learning)



☑ ***Yes, I'd like to complete:***

☐ Day 1 **Monday 9 October: Introduction to HIV Medicine**

- ☐ Day 1 – ASHM member $150
- ☐ Day 1 – non-member $180

☐ Day 2 **Tuesday 10 October: Advanced HIV Medicine**

- ☐ Day 2 – ASHM member $150
- ☐ Day 2 – non-member $180

You can also register online at **www.ashm.org.au/courses**

Title Given Names Surname

Occupation Organisation

Address

State Postcode

Is this the organisation address? ☐ Yes ☐ No

Phone (w) Fax

Mobile Email

SPECIAL DIETARY REQUIREMENTS _____

ACRRM NUMBER ☐☐☐☐☐☐☐

RACGP QA&CPD NUMBER ☐☐☐☐☐☐☐

ASHM ABN: 48 264 545 457 THIS FORM BECOMES A TAX INVOICE ON COMPLETION

Total amount due $ _____ ☐ **Please mail me an invoice**

Please debit credit card: ☐ **Bankcard** ☐ **Mastercard** ☐ **Visa**

Cardholder's name: _____

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

CCV or CVV Number (last three digits on back of credit card): ☐☐☐

Expiry date: ☐☐/☐☐ **Cardholder's signature** _____

Fax completed form to **Adrian Ogier** on ***(02) 9212 2671*** or post to:
Australasian Society for HIV Medicine, Locked Mail Bag 5057 Darlinghurst NSW 1300
For further information please contact Adrian Ogier at ASHM on (02) 8204 0723 or email: adrian.ogier@ashm.org.au