# SHORT COURSE IN VIRAL HEPATITIS

**MONDAY 9 – TUESDAY 10 OCTOBER 2006**
**9.00am–5.00pm**
**EDEN ON THE PARK, 6 QUEENS ROAD, MELBOURNE**

**Day 1 Monday 9 October:** will provide an overview of hepatitis C and hepatitis B, including epidemiology and transmission, natural history and disease progression, risk assessment, screening and diagnosis, management and treatment options.

**Day 2 Tuesday 10 October:** will explore advanced hepatitis C medicine, including a review of the natural history and disease progression of hepatitis C infection; considerations before specialist referral (including psychological assessment), alcohol and other drug use; the role of the specialist and the decision to treat; practicalities of treatment; long-term management of patients; coinfection with hepatitis B and HIV; extrahepatic manifestations of HCV.

For more information contact Sonja Hill on:
sonja.hill@ashm.org.au or call +61 2 8204 0724

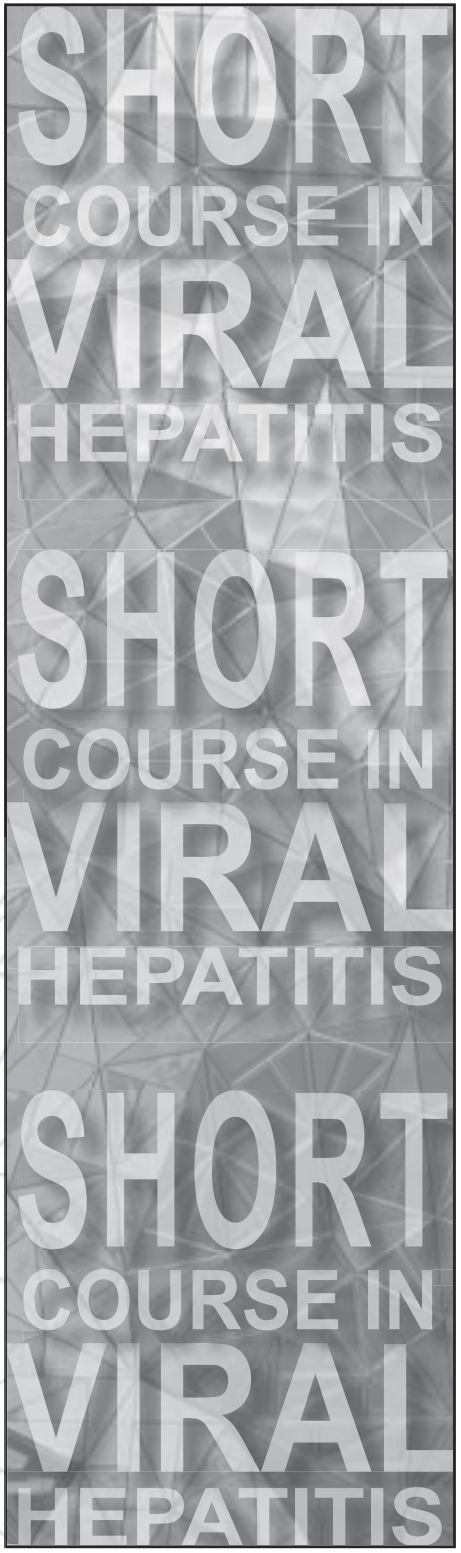
**Registrations close 15 September 2006.**

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:** Overview of Hepatitis C and Hepatitis B
- ☐ Day 1 – ASHM member $150
- ☐ Day 1 – non-member $180

☐ Day 2 **Tuesday 10 October:** Advanced Hepatitis C 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**

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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 Sonja Hill at ASHM**
**on (02) 8204 0724 or email: sonja.hill@ashm.org.au**