17TH ANNUAL LOWER SHORE SYMPOSIA

SATURDAY, OCTOBER 24, 2015

BOARDWALK PLAZA HOTEL
OLIVE AVENUE AND THE BOARDWALK
REHOBOTH, DELAWARE
PHONE: 302-227-7169
PROGRAM SCHEDULE

7:50 AM  Welcome and Introductions  
R. Bradley Slease MD FACP

8:00 AM  Zoonoses and One Health: Integration of Human and Veterinary Medicine  
Herbert L. DuPont MD MACP

9:00 AM  Subclinical Thyroid Disease  
David S. Cooper MD

10:00 AM  Break

10:30 AM  What Does an Internist Need to Know About Chronic Kidney Disease: When to Refer to a Nephrologist  
Jeffrey Berns MD

11:30 AM  Lunch

12:30 PM  Diabetes: 2015  
Serge Jabbour MD FACP FACE

1:30 PM  Norovirus: Intestinal Pathogen Number One  
Herbert DuPont MD MACP

2:30 PM  Adjourn

6:00 PM  Cocktail Reception and Dinner

7:00 PM  The New Brain Biology and Adolescence  
Robert L. DuPont MD

PROGRAM CHAIR
MANSOUR SABERI MD FACE MACP  
BEEBE MEDICAL CENTER  
LEWES DE

PROGRAM CO-CHAIR
R. BRADLEY SLEASE MD FACP  
GOVERNOR, ACP DELAWARE CHAPTER  
CHRISTIANA MEDICAL CENTER  
NEWARK DE
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CHIEF, INTERNAL MEDICINE SERVICE
ST. LUKE’S EPISCOPAL HOSPITAL
DIRECTOR, CENTR FOR INFECTIOUS DISEASE
THE BAYLOR COLLEGE OF MEDICINE
HOUSTON, TX

ROBERT L. DUPONT MD
FIRST DIRECTOR NATIONAL INSTITUTE ON DRUG ABUSE
SECOND WHITE HOUSE DRUG CHIEF
CLINICAL PROFESSOR OF PSYCHIATRY, GEORGETOWN UNIVERSITY HOSPITAL
WASHINGTON, DC
PRESIDENT, INSTITUTE FOR BEHAVIORAL HEALTH
ROCKVILLE, MD

SERGE A. JABBOUR MD FACP FACE
PROFESSOR OF MEDICINE
DIVISION OF ENDOCRINOLOGY, DIABETES AND METABOLIC DISEASE, DEPARTMENT OF MEDICINE
THOMAS JEFFERSON UNIVERSITY
PHILADELPHIA, PA
WHO SHOULD ATTEND

• General internists
• Subspecialty internists
• Family practitioners
• Hospitalists
• Fellows in subspecialty training
• Allied health practitioners
• Residents (internists in training)
• Medical students interested in internal medicine

LEARNING OBJECTIVES

At the conclusion of this activity, the participant will be able to:

• To recognize complications of CKD and know when to refer to a nephrologist
• Describe infections that have been documented to spread from humans to animals causing illness (zoonoses in reverse called Anthroponosis)
• Understand the updated ADA goals in treating diabetes
• Know the indications for treatment of subclinical hypothyroidism
• Describe the roles of physicians, parents and grandparents in addiction prevention
• Explain the importance of noroviruses as causes of food and water-borne gastroenteritis

CME Accreditation

The American College of Physicians is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The American College of Physicians designates this live activity for a maximum of 6 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
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To register by mail, complete the registration form included here and mail it to ACP at the address below. Be sure to list your daytime phone number in case we need to notify you of any changes. Please reproduce the form for additional registrations (one form per registrant).

AC002
American College of Physicians
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Philadelphia, PA 19106-1572

• Fax: Register 24 hours a day via fax at 215-351-2799. Fax forms must include credit card number, expiration date, security code number, and signature. Do not mail a copy of the form because it may result in a duplicate registration and you will be charged twice.

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• Payment Options
Payment in full is required. Make check or money order payable to ACP. Must remit in U.S. funds drawn on a U.S. bank. If paying by credit card, please provide the credit card number, expiration date, security code, and authorizing signature.

• Additional Fees
All registrations must be received by October 20, 2015 or a late registration fee of $20 will be added. This includes on-site registrations. Save money by registering now!

• Cancellations/Refunds
All cancellation requests must be received by Member and Customer Services in writing via e-mail custserv@acponline.org. Cancellations will not be accepted by telephone.

• Satisfaction Guarantee
We offer a satisfaction guarantee— if meeting attendees are not satisfied with their experience at the meeting, they may write for a refund of their registration fee.
American College of Physicians
Delaware Chapter Lower Shore Symposia (RM1617)
October 24, 2015

This form may be photocopied.

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Please check here if you have any special dietary or disability needs, and be sure to contact Ann Tennett at astacp@hotmail.com.

We encourage participation by all individuals. Check here if you are disabled

REGISTRATION FORM
Registration Fees:
Check one category that best applies. Registration fee includes continental breakfasts, lunch, all scientific sessions and materials, and CME documentation.

ACP Categories:
___Master ___ Fellow ___ Member........ $100  
___ Resident Member................................ No Fee  
___ Medical Student Member ............ No Fee
___ Affiliate Member (Allied Health Professional)............................................ $100

Nonmember Categories:
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Nonmember Residents must register by contacting Ann Tennett:
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Please indicate your attendance at the following:

___ DIN01 - Dinner

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