

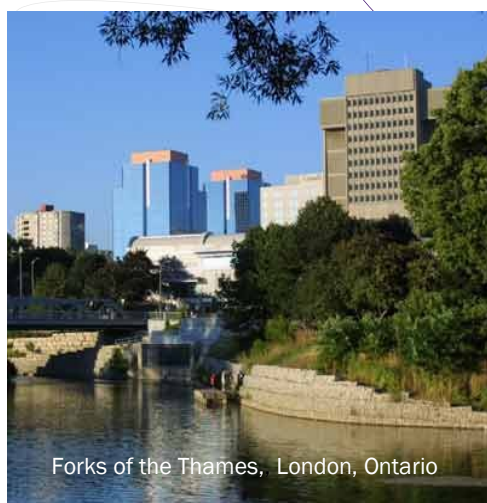
2011 SUMMER INSTITUTE IN GERIATRICS

**JUNE 20-24, 2011
LONDON, ONTARIO**

PROGRAM and REGISTRATION

COURSE DESCRIPTION

This five-day conference will provide medical students who are presently in their first or second year of medical school, an exciting opportunity to gain exposure to clinical work and academia in Geriatric Medicine. Activities include interactive presentations, patient/problem-based learning and exposure to a variety of programs. Faculty members will include Specialists in Geriatric Medicine, Care of the Elderly and Geriatric Psychiatry. The goal of the Geriatrics Summer Institute is to provide interested students with exposure to Geriatric Care and to stimulate interest in pursuing careers in Geriatric Medicine and Research.



Forks of the Thames, London, Ontario



Parkwood Hospital, London, Ontario



University of Western Ontario, London, Ontario

TRAVEL

The Division of Geriatric Medicine, UWO, will assist in making travel arrangements for accepted applicants.

ACCOMMODATION

Accommodation for the visiting students will be arranged through the Division of Geriatric Medicine, UWO. Students will be staying at Elgin Hall on the University of Western Ontario campus.


DIVISION
OF
GERIATRIC
MEDICINE
Western
(5 1 9) 6 8 5 - 4 0 2 1



REGISTRATION PROCESS

A registration form is included on the back of this brochure. All Universities will receive an email with a brochure that can be downloaded to their local Geriatric Medicine website. Registration forms should be completed by interested students and submitted to their "home" University, Division of Geriatric Medicine office. Approval signatures and payment from the University are required to accompany the registration. Please see registration form for further information.

SUCCESSFUL APPLICANTS

Each university will have their own selection criteria to choose a maximum of 2 medical students, in their first or second year, to attend the conference. Completed forms should be forwarded to The Division of Geriatric Medicine, UWO, to the attention of Jennifer Whytock. The cost for each student is \$1000.00 - paid by the home university. The registration fee and funding support from the Canadian Geriatrics Society, will cover the cost of travel, lodging, and most meals. Details and schedule will be distributed to all registered students prior to the conference.

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PRELIMINARY SCHEDULE

Sunday, June 19, 2011
Students arrive in London
Welcome Dinner

Monday, June 20, 2011
Orientation at Parkwood Hospital
Keynote speakers
Tour of Geriatric Program
Project Assignment
Free Evening

Tuesday, June 21, 2011
Clinical Skills Café
Off-site Event

Wednesday, June 22, 2011
Small Group Workshops
Windermere on the Mount
Social and Movie Night

Thursday, June 23, 2011
Clinical Experience— Units,
Consults, Clinics, Outreach
Farewell Dinner

Friday, June 24, 2011
Spotlight on Research
Student Presentations
Summary/Evaluations
Depart from London

COURSE MATERIALS

Registered students will be emailed an orientation manual and suggested reading materials prior to the conference.



FOR FURTHER INFORMATION:

Division of Geriatric Medicine
Parkwood Hospital
801 Commissioners Road E
London, Ontario N6C 5J1

Phone: 519-685-4021

Fax: 519-685-4093

E-mail: jennifer.whytock@sjhc.london.on.ca

REGISTRATION INFORMATION

Conference registration fees include all conference materials and most meals.

REGISTRATION AND REFUND POLICY

Payment can be made by cheque or credit card and must accompany the registration form. Cancellations will be accepted until March 30, 2011. A processing fee of \$50 will be charged for cancellations made after March 30, 2011.

CONFIRMATION AND RECEIPTS

A letter of confirmation and receipt of payment will be sent via email within 5 days of receiving your completed registration form and full payment. If an email address is not provided on the registration form, the information will be sent by mail.

Please send registration form and full payment to:

By mail : Division of Geriatric Medicine
Parkwood Hospital, Room A280
801 Commissioners Road. E.
London, Ontario N6C 5J1
Attn: Jennifer Whytock

2011 Summer Institute in Geriatrics

Student Registration

Last Name _____ First Name _____

Title _____ Organization _____

Address: please indicate Work or Home _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

Email Address _____

University Approval/Payment

Name of Authorized University Representative _____

Title _____ Organization _____

Address: _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

Email Address _____

Approval Signature _____

Registration Fee : \$1000.00

Method of Payment

Cheque: Payable to The Division of Geriatric Medicine, UWO

Visa MasterCard American Express

Name on Card _____

Credit Card # _____ Exp. date _____

Signature _____

Date _____