

# MAHEC PROJECT ECHO<sup>®</sup>

## FOR MEDICATION-ASSISTED TREATMENT

### 5-Part Video Teleconferencing Series

### Starting Tuesday, October 22, 2019



<b>LOCATION</b>	Project ECHO <sup>®</sup> Video Teleconferencing
<b>MODULE 1</b>	Tuesday, <b>October 22, 2019</b>
<b>MODULE 2</b>	Tuesday, <b>November 5, 2019</b>
<b>MODULE 3</b>	Tuesday, <b>November 19, 2019</b>
<b>MODULE 4</b>	Tuesday, <b>December 3, 2019</b>
<b>MODULE 5</b>	Tuesday, <b>December 17, 2019</b>
<b>REGISTRATION</b>	6:30 am–7:00 am (same for every module) <b>Note:</b> must login at 6:50 am for attendance
<b>PROGRAM</b>	7:00 am–8:00 am (same for every module)
<b>SERIES FEE</b>	<b>FREE</b> (must register in order to attend)

### FREE VIDEO TELECONFERENCING SERIES!

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IN COLLABORATION WITH



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

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**CLICK HERE  
TO REGISTER**

Updated contact information #20ME027/60042

NAME \_\_\_\_\_

CREDENTIALS \_\_\_\_\_

SOCIAL SECURITY # XXX-XX- \_\_\_\_ \_\_\_\_ \_\_\_\_ (last 4 digits required)

OCCUPATION \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME COUNTY \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

EMPLOYER \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK COUNTY \_\_\_\_\_

Program announcements will be sent to your email unless you opt out from receiving MAHEC emails. We never share our mailing lists.

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### DISCLOSURES

By registering for this workshop, you are granting permission for your contact information to be shared with UNC Chapel Hill, which is a collaborating partner of this continuing education activity.

MAHEC engages in evaluation activities to better understand the impact of our programs. By registering for this course, you agree that we may use your personal information in evaluative research regarding this program. Any reports published will be de-identified and reported in aggregate format.

Mountain Area Health Education Center (MAHEC) is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

MAHEC assumes permission to use audio, video and still images from this program for promotional and educational purposes. Please speak with a staff member if you have any concerns.

#### HAVE A QUESTION?



**Special Services**  
828-257-4492

#### Contact the Program Planner

Lourdes Lorenz-Miller, RN, MSN, NEA-BC, AHN-BC  
[lourdes.lorenz-miller@mahec.net](mailto:lourdes.lorenz-miller@mahec.net) or 828-707-5111

#### REGISTRATION INFORMATION

828-257-4475

#### FAX REGISTRATION

828-257-4768

#### ONLINE REGISTRATION

[www.mahec.net/cpd](http://www.mahec.net/cpd)

#### EMAIL

[registration@mahec.net](mailto:registration@mahec.net)

#### MAIL

MAHEC Registration  
121 Hendersonville Road, Asheville, NC 28803