



NEW ENGLAND VASCULITIS FOUNDATION HEALTH CARE PROVIDER PROGRAM

Saturday, March 19, 2011

PROGRAM DESCRIPTION

This half-day program will address diagnosis and management of vasculitis, including recent important changes in the state of the art. Each presentation will provide attendees with a clear understanding of the current standard of care.

FORMAT

Lectures, panels, question and answer session.

TARGET AUDIENCE

Rheumatologists, internists, hospitalists, nephrologists, pulmonologists, nurse practitioners, and other health care professionals interested in vasculitis.

EDUCATIONAL OBJECTIVES

Review diagnosis and management of both large and small-vessel vasculitis.

Review new and promising therapies for vasculitis.

FEES

Registration Deadline: March 4, 2011

Physicians

\$100

\$125 (Late and on site registration)

Allied Health Care Professionals

\$75

\$85 (Late and on site registration)

*Residents/Fellows

\$40

\$55 (Late and on site registration)

*Residents/Fellows registration must include written proof of residency (a letter from Program Director) to receive reduced fee.

Residents/Fellows must send the registration form and written proof via mail or fax.

Schedule

7:00 am - 7:45 am	Registration and Continental Breakfast
7:45 am - 8:00 am	Welcome, Overview and Introductions Gary S. Hoffman, MD, MS
8:00 am - 8:35 am	Vasculitis Mimics; Opportunities for Errors Peter A. Merkel, MD, MPH
8:35 am - 9:10 am	New Directions in Treatment; Now and For the Future John H. Stone, MD, MPH
9:10 am - 9:30 am	Morning Break
9:30 am - 10:05 am	Avoiding and Treating Kidney Failure John L. Niles, MD
10:05 am - 10:40 am	Giant Cell Arteritis and Takayasu's Arteritis - The Same or Different? Gary S. Hoffman, MD, MS
10:40 am - 11:15 am	Question and Answer Panel All Faculty

Registration

MAIL registration form and payment
(checks payable to Vasculitis Foundation)

Vasculitis Foundation

PO Box 28660

Kansas City, MO 64188-8660

REGISTER ONLINE <http://www.vasculitisfoundation.org/program>

FAX completed registration form with credit card payment
information to 816.436.8211

CALL 816.436.8211 to register with credit card.

CONFIRMATION

In order to receive a registration confirmation, please provide your email or fax number. If you do not receive a confirmation, please call 816.436.8211 to confirm your registration.

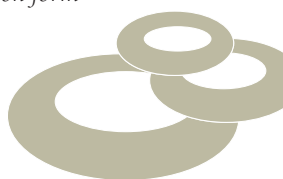
REFUND POLICY

All cancellations must be received in writing and refunds will be subjected to a \$25 administrative charge. No refunds will be given after Friday, March 11, 2011.

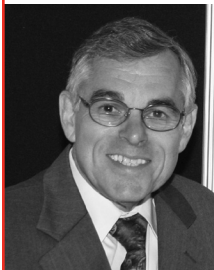
We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us better serve you.

For further information call 816.436.8211

or visit <http://www.vasculitisfoundation.org/program>



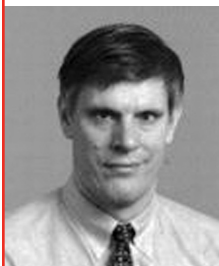
Faculty



GARY S. HOFFMAN, MD, MS
Harold C. Schott Professor of Medicine
Department of Rheumatic and Immunologic Diseases
Center for Vasculitis Care and Research
Cleveland Clinic/Lerner College of Medicine



PETER A. MERKEL, MD, MPH
Professor of Medicine, Section of Rheumatology
Principal Investigator, Vasculitis Clinical Research Consortium
Director, Vasculitis Center, Boston University School of Medicine
Boston, Massachusetts



JOHN L. NILES, MD
Nephrology and Internal Medicine
Massachusetts General Hospital
Boston, Massachusetts



JOHN H. STONE, MD, MPH
Clinical Director of Rheumatology
Massachusetts General Hospital
Boston, Massachusetts

ALSO HOSTED BY THE VASCULITIS FOUNDATION

MARCH 19, 2011

**Vasculitis Foundation
New England
Conference & Concert**

FOR PATIENTS, FAMILIES & FRIENDS

12:30 pm - 10:00 pm

Doubletree Guest Suites Hotel

Boston / Waltham

550 Winter Street

Waltham, Massachusetts 02451

<http://www.vasculitisfoundation.org/patientprogram>

AND

MARCH 19, 2011

**The Longwood Symphony
Orchestra Concert**

BENEFITTING THE VASCULITIS FOUNDATION

8:00 pm

New England Conservatory's

Jordan Hall

30 Gainsborough Street

Boston, Massachusetts

To purchase tickets: 816.436.8211

Conference Location

DOUBLETREE GUEST SUITES HOTEL BOSTON / WALTHAM

550 Winter Street
Waltham, Massachusetts 02451
781.890.6767

General Driving Directions

From Route 93 (Boston) - Take Route 93 South to I-90 (MA Turnpike) west. Follow to Route 128/95 North. Take Route 128/95 to exit 27B (Winter St.). At the end of the exit ramp, turn right at the light. Then, at the top of the hill, bear right over the highway. Get into the lane for First Avenue. The hotel entrance is on First Avenue at the corner of First Avenue and Winter Street.

From Route 93 (New Hampshire) - Take Route 93 South to Route 128/95 South. Take Route 128/95 South to exit 27B (Winter Street). Bear right off the ramp. Get in the lane for First Avenue. The hotel entrance is on First Avenue at the corner of First Avenue and Winter Street.

From Mass. Turnpike - Take Mass. Turnpike to Route 128/95 North. Take Route 128/95 to exit 27B (Winter St.). At the end of the exit ramp, take a right at the light. Then, at the top of the hill, bear right to go over the highway. Get in the lane for First Avenue. The hotel entrance is on First Avenue at the corner of First Avenue and Winter Street.

From Route 3 - Take Route 3 to Route 128/95 South to Exit 27B (Winter St.) Bear right off the ramp. Get in the lane for First Avenue. The hotel entrance is on First Avenue at the corner of First Avenue and Winter Street.

From I-90 East - Take I-90 To Route 128/95 North. Take Route 128/95 to exit 27B(Winter St.). At the end of the exit ramp, take a right at the light. At the top of the hill, bear right to go over the highway. Get in the lane for First Avenue. The hotel entrance is on First Avenue at the corner of First Avenue and Winter Street.

From Route 2 - Take Route 2 to Route 128/95 South. Take Route 128/95 to exit 27B (Winter St.) Bear right off the ramp. Follow to First Avenue. The hotel is in front of you.

PLEASE FILL OUT FORM COMPLETELY, DETACH AND SEND WITH PAYMENT INFORMATION

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Registration Form PLEASE PRINT CLEARLY



MAIL TO: Vasculitis Foundation
PO Box 28660
Kansas City, MO 64188-8660

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail: _____

Specialty/Area of Interest: _____ Degree: ___ MD ___ DO ___ RN ___ PA

Other _____

Payment Method:

___ Check (payable to Vasculitis Foundation) Amount: \$ _____

___ Credit Card: ___ Visa ___ MasterCard ___ Discover ___ American Express

Credit Card Number: _____ Exp. Date: _____ Amount: \$ _____

Name on Card: _____

Authorized Signature: _____



Support

Awareness

Research

PO BOX 28660
Kansas City, MO 64188 • USA

PLEASE JOIN US!

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VASCULITIS FOUNDATION
HEALTH CARE PROVIDER
PROGRAM**

Saturday, March 19, 2011

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BOSTON / WALTHAM**

**550 WINTER STREET
WALTHAM, MASSACHUSETTS 02451
781.890.6767**

www.VasculitisFoundation.org



**Featured
Speakers**

GARY S. HOFFMAN, MD, MS
PETER A. MERKEL, MD, MPH
JOHN L. NILES, MD
JOHN H. STONE, MD, MPH



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