

Directions
Sentara Virginia Beach General Hospital
Health Education Center
1060 First Colonial Rd.
Virginia Beach, VA 23454

From your home city, travel to I-264 towards Virginia Beach. You will take the " First Colonial Rd, North exit (2nd First Colonial Rd. exit)". At this point, you can also follow the blue "Hospital" signs. You will merge onto First Colonial Rd and pass through six traffic lights. The sixth traffic light will be at Wildwood Rd. Start to slow down before this sixth light, as after you go through it, you will pass Will-O-Wisp Drive and then you will make a right turn at the next street – The Sentara sign near the road states "Emergency, Chest Pain Unit and Radiation Oncology". After this turn, you will make another immediate right turn into the parking lot marked " Emergency Room, Patient/Visitor Parking" . If this lot should be full, you can park in any visitor's space, in front of the outpatient entrance or main hospital entrance. The Health Education Center is detached from the hospital and located directly across from the Emergency Room. There are two handicap spaces next to the HEC building. Do not park in any spots marked "For EMS". There are also 3 handicap spaces in front of Radiation Oncology.

Wednesday, March 17, 2010
THIMA Educational Meeting
Full day meeting (7:45 AM to 3:00 PM) 5 CEU's awarded
Registration with Payment is due by Tuesday, March 2, 2010

Members: \$40.00

Non-members: \$55.00

Students: \$15.00

Walk in registrations may not be accommodated due to seating/food restrictions.

Please do your part to register with payment by the deadline.

No phone registrations will be accepted. Food and program materials will be based on number of attendees as of 03/02/10. No refunds for cancellations after March 1st but substitutions are encouraged.

Reservation for this meeting can be made by mailing your registration form and payment (Checks made payable to THIMA) to:

Karen Stokes, RHIT, CCS
181 Coventry Lane
Newport News, VA 23602

Please contact Karen Stokes at kxstokes@sentara.com for prior approval in special circumstances where the payment is being made by a third party and cannot accompany your registration form. Questions about the meeting can also be directed to Ann Sparkman at asparkman@smhdc.org

Registration Form

Name: _____ Date: _____

Please circle: RHIA RHIT CCS CCS-P CCA CPC CPC-H

Facility: _____

Contact Phone Number: _____

Member _____ (\$40.00) Non-member _____ (\$55.00) Student _____ (\$15.00)

Check number of enclosed payment _____

Chicken will be served for lunch, please indicate if you need a vegetarian selection _____

