



The British Association for Parenteral and Enteral Nutrition

Fifth South Region Nutrition Day

“Feast and Famine”

Monday 4 July 2011 at Paultons Park in Hampshire

PLACES ARE LIMITED SO PLEASE WAIT FOR CONFIRMATION OF PLACE

Provisional programme

0820 to 0855	Arrival and coffee	
0855 to 0900	Welcome and introduction	Peter Austin, Senior Pharmacist, Southampton
<i>Session One</i>	<i>“Low BMI”</i> <i>Chair to be confirmed</i>	
0900 to 0930	Causes and consequences of a low BMI	Dr Steve Wootton, Senior Lecturer in Nutrition, Southampton
0930 to 1000	‘Marsipan’ Guidelines	Dr Mike Stroud, BAPEN Chair and Consultant Gastroenterologist, Southampton
1000 to 1030	Cancer Cachexia	Prof Alessandro Laviano, Sapienza University, Rome, Italy
1030 to 1100	Morning coffee	
<i>Session Two</i>	<i>“Practical issues in the management of cancer and malnutrition”</i> <i>Chair Mark Tomlin, Consultant Pharmacist, Southampton</i>	
1100 to 1130	Oesophageal Cancer, dysphagia and malnutrition	Dr Phil Boger, Locum Consultant Gastroenterologist, Southampton
1130 to 1200	Radiation Enteritis	Dr Aminda De Silva, Consultant Gastroenterologist, Reading
1200 to 1230	Biochemistry	Dr Paul Cook, Consultant in Metabolic Medicine, Southampton
1230 to 1330	Lunch	
<i>Session Three</i>	<i>“Obesity”</i> <i>Chair Mr Andrew King, Consultant Surgeon, Southampton</i>	
1330 to 1400	To be confirmed	To be confirmed
1400 to 1430	Bariatric Surgery	Mr Jamie Kelly, Consultant Surgeon, Southampton
1430 to 1500	The BMI paradox	Prof Marinos Elia, Consultant, Southampton
1500 to 1530	Afternoon cream tea	
<i>Session Four</i>	<i>“Community”</i> <i>Chair Marinos Elia, Professor of Clinical Nutrition and Metabolism, Southampton</i>	
1530 to 1600	Nutritional support and COPD	Peter Collins, Senior Dietitian, Defence Nutrition Advisory Service (DNAS), Institute of Naval Medicine
1600 to 1630	Nutrition in Care Homes	Emma Parsons, Research Fellow, Kings College London
1630 to 1700	Home Parenteral Nutrition	Dr Trevor Smith, Consultant Gastroenterologist, Southampton
1700 to 1705	Summary and close	Peter Austin, Senior Pharmacist, Southampton



BAPEN
Advancing Clinical Nutrition
Registered Charity 1023927

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REGISTRATION FORM

**Please note places are limited so please wait for confirmation of place
If you do not hear back please contact us to confirm the position**

Full Name:

(Please state: Mr, Ms, Professor, Doctor or other) this will appear on your name badge

Job Title:

Profession:

Address:

.....

..... Post Code:

Telephone No: Fax No:

Email:

Are you a member of BAPEN? Yes/No (It is not necessary to be a BAPEN member to attend this day, this is for information only)

Any special dietary requirements:

Fees Payable:

☐ £60 before the end of February 2011 ☐ £75 from March 2011 to April 2011

☐ £90 from May 2011 to June 2011 ☐ £150 from July 2011

☐ £10 discount per person if **four or more** people from the **same** team apply **simultaneously** and providing that sufficient places remain to allocate each of the applicants a place

The fee includes VAT, lunch and all refreshments during the day. Parking is on-site and without charge.

Payment method:

☐ Cheque ☐ Credit card – please confirm separate form sent by ticking here ☐

Cheques should be made payable to “BAPEN” and are not refundable unless by specific arrangement or no places remain and so no place can be offered.

Please return all application forms and cheques to: Carol Moody / Peter Austin, Pharmacy Department, Mailpoint 40, Southampton General Hospital, Tremona Road, Southampton. Hampshire. SO16 6YD.

If paying by credit card please send the application form to Carol / Peter as above but please also complete the credit card form and send the credit card form only to: BAPEN office, Secure Hold Business Centre, Studley Road, Redditch, Worcestershire. B98 7LG.

Please direct enquiries to: Carol.Moody@suht.swest.nhs.uk or Peter.Austin@suht.swest.nhs.uk



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CREDIT CARD PAYMENT REQUEST

PLEASE SEND THIS FORM ONLY DIRECTLY TO BAPEN

PLEASE CONFIRM THAT PLACES REMAIN BEFORE SENDING THIS FORM

Delegate(s)

Name	Fee	
.....	£	including VAT
.....	£	including VAT
.....	£	including VAT
.....	£	including VAT
Total amount	£	including VAT

Card type

☐ VISA ☐ VISA electron ☐ Mastercard
☐ Solo ☐ Maestro ☐ American Express

Card number

.....

Expiry date

.....

Security code

.....

I authorise BAPEN to charge the above amount to my nominated credit card

Signature

Date

Please send receipt to

Email

Postal

PLEASE SEND YOUR APPLICATION FORM(S) TO CAROL / PETER AND THIS FORM ONLY TO THE BAPEN OFFICE