

For Further Information contact:

Josefina G. Velez, MS, RD, DHCFA
NJD-HCF Chairman
973 736-5794

Mail Paid Registration to:

Elizabeth Rodriguez, MS, RD, LD
11 Audrey Place
Dover, NJ 07801

Make checks payable to NJDA

The NJD-HCF would like to recognize those vendors who support our group:

- Medical Nutrition USA, Inc
- Ross Products Division Abbott Laboratories
- Novartis
- National Nutrition
- Nestle Nutrition

Other sponsoring vendors will be acknowledged at the meeting.



NJD-HCF

Josefina G. Velez, MS, RD
620 Smith Manor Blvd
West Orange, NJ 07052



NJD-HCF

**New Jersey Dietitians in Health
Care Facilities**

www.njnutritionexpert.com

Presents Our

Fall Seminar

*“Eating Disorders and
Survey News”*

This one day program is designed to provide an overview of the eating disordered population to include anorexia nervosa, bulimia and binge eating. A review of the medical complications and contributing factors of eating disorders will be discussed as well as the dietitian's key role in treatment and recovery.

The annual state survey update will provide information for dietitians and dietary staff regarding recent regulatory revisions for NJ long term care facilities, the top dietary deficiencies and how to avoid them and regulatory changes projected for the near future.

**Wednesday September 26, 2007
Princeton, New Jersey**

New Jersey Dietitians in Health Care Facilities



NJD-HCF Fall Seminar

Wednesday, September 26, 2007

4 CPE's Level II (Requested)

8:30- 9:00 am	Registration, Coffee
9:00 - 9:30 am	Vendor Exhibits
9:30- 10:00 am	Business Meeting/ Welcome and Opening Remarks
10:00-12:00 pm	“New Jersey State Survey News” <i>Joanne Maxwell, MA, RD</i> NJ Dept of Health & Senior Services
12:00-12:30 pm	Buffet Luncheon
12:30 - 1:00 pm	Vendor Exhibits
1:00- 3:00 pm	“Eating Disorders - Definition, Medical Concerns and Treatment” <i>Leslie O'Malley, MA, RD</i> Princeton House, Behavioral Health



Wednesday, September 26, 2007

REGISTRATION FORM

Name: _____ ADA# _____ Phone#: _____

Home Address: _____

Current NJD-HCF Member _____ Non Member _____ Vendor _____

Please Indicate Professional Status: RD _____ DTR _____ CDM _____ Student _____ Other _____

Make checks payable to NJDA. Must be postmarked by September 17, 2007 to avoid \$10 late fee.

Cost includes Lunch 5 CPE's

Members \$50

Non members \$60

Students \$20

Vendor Tables \$150 (One representative,
\$25 for each additional representative)