

CYSTIC FIBROSIS
FAMILY AWARENESS
DAY

PRESENTED BY
CHICAGOLAND ADULT
CYSTIC FIBROSIS
ASSOCIATION

November 18, 2006
8:15 AM-4:00 PM

Oak Brook Hills Marriott Resort
3500 Midwest Road
Oak Brook, IL 60523
630-850-5555

MORNING SESSION

8:15-8:45 Registration/Continental Breakfast

8:45-9:00 Welcome Address
Review of infection control for the day
Review of CF website/demo/appeal

9:00-10:00 **CF Research Update**
Dr. Y Chung
Loyola Medical Center

**10:00-10:45 Participating in research
Studies, Working new
therapies into your daily routine, etc.**
Patient/Family Panel

10:45-11:15 Break/Visit Exhibits/Local Art
Projects
Visit the Nutrition and Airway
clearance halls/exhibits.

AFTERNOON BREAKOUT SESSIONS 2-3 pm

**Relaxation and Meditation-How does this
help with ACT and CF in general?**

Mary Massory,

**Patient advocacy: Insurance, Disability
benefits, Medicare/Medicaidwhat are my
options?**
CF Social Work Q and A session

Cf clinic social workers

General Open Session

CF Foundation –How do I get involved?
Small groups from lunch continued

11:30-12:30 *Ask the Doctor(s)*
**question/answer panel: Bone density, GI
complications, Newborn screening, Hospital vs
home IV antibiotics , etc.?**

12:30-1:45 Lunch/Skit
Round Table options
Round Table Topics:

(Newly Diagnosed, Travel, Going to College,
Siblings, Transition to adult care, etc.) There
will also be open tables for general discussion
during lunch

AFTERNOON BREAKOUT SESSIONS 3-3:45pm

**Pulmonary Rehab/Exercise in CF at different
stages**

Cystic Fibrosis Related Diabetes (CFRD)

Jeannine Cheatham, MS, RN, APN
University of Chicago Hospitals

3:45-4pm Evaluation and Suggestion for 2005

Please visit our website:
www.chicagocfawareness.org

REGISTRATION FORM

Seating limited. Please return registration form
by November 1, 2006

Name _____

Address: _____

City: _____

State: _____ Zip: _____

Day Phone
(____) _____

Evening Phone
(____) _____

*A \$10 Donation per person is requested to help
offset the cost of lunch. Family price is \$25.*

Adults:# _____ Children:# _____

Round Table Luncheon
Topic Preference: _____

Please return registration form and donation
payable to:

Chicagoland Adult CF Association

Send this form and donation to:

Maureen Garvey

305 North Irving Ave.

Hillside, IL 60162

Office (708) 327- 9134

**Please note: CF Individuals who plan to
attend this meeting must not have been
cultured positive with Burkholderia cepacia,
MRSA, or Multiple Resistant Pseudomonas.
Please honor this request. If you are not
certain if you have one of these organisms,
please contact your CF Care Provider for
results/questions.**