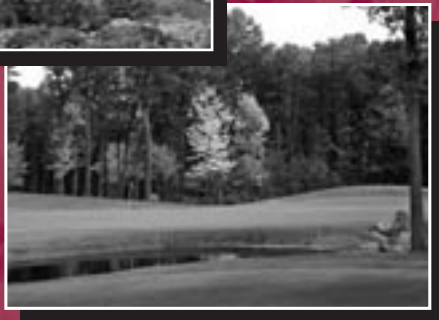


# Minnesota Neurosurgical Annual Meeting

*October 2-4, 2009*

**Madden's Resort on Gull Lake  
Brainerd, Minnesota**



**REGISTER ONLINE NOW!**

*<http://www.mayo.edu/cmeoct2009.html>*



Jointly Sponsored by the College of Medicine, Mayo Clinic  
and the Minnesota Neurosurgical Society

MINNESOTA  
NEUROSURGICAL  
SOCIETY

# General Information

## COURSE DESCRIPTION & INTENDED AUDIENCE

This event is presented by College of Medicine, Mayo Clinic, in collaboration with the Minnesota Neurosurgical Society. The Minnesota Neurosurgical Society hosts an annual conference to provide a platform for exchange of information, and strives to maintain an informal atmosphere for all professionals and students in the field of neurosurgery.

This conference is designed for practicing neurosurgeon, neurosurgical residents, fellows, and midlevel providers working in neurosurgery.

## COURSE OBJECTIVES

Upon conclusion of this program, participants should be able to:

- Describe the neurosurgical management of certain cranial, spinal and peripheral nerve diseases according to current clinical evidence
- Discuss the rationale for current clinical and laboratory studies pertaining to certain cranial, spinal and peripheral nerve diseases
- Explain current evidence-based medicine in the neurosurgical management of certain cranial, spinal and peripheral nerve diseases
- Cite certain federal, state and private sector reimbursement and regulatory policies and changes that affect the practice of neurosurgery and other medical specialties
- Discuss certain state and federal legislation and policies pertaining to tort reform that affect the practice of neurosurgery and other medical specialties

Attendance at this Mayo course does not indicate nor guarantee competence or proficiency in the performance of any procedures which may be discussed or taught in this course.

## EDUCATIONAL GRANTS

### Medtronic

\$2500 educational grant

## CONTINUING EDUCATION

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of College of Medicine, Mayo Clinic and Minnesota State Neurosurgical Society. College of Medicine, Mayo Clinic is accredited by the ACCME to provide continuing medical education for physicians.

College of Medicine, Mayo Clinic designates this educational activity for a maximum of 10.5 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

## LOCATION

### Madden's Resort

11266 Pine Beach Peninsula  
Brainerd, MN 56401

218-829-2811  
800-233-2934

<http://www.maddens.com>

## REGISTRATION

**Meeting registration:** To register online, visit <http://www.mayo.edu/cme/oct2009.html> or complete the attached registration form and return by mail or fax. The registration fee includes tuition, syllabus, and an evening reception. Although it is not Mayo School of Continuous Professional Development policy to limit the number of registrants for a course, conference room facilities may necessitate closing of enrollment; therefore, early registration is advised. A letter of confirmation will be sent upon receipt of payment and completed registration form. Please bring the confirmation letter when checking in at the meeting registration desk.

**Hotel room reservation:** To book a hotel room for this meeting, call Madden's Resort at 218-829-2811 or 800-233-2934 and indicate that you are an attendee of this meeting.

# General Information

## CANCELLATION POLICY

If you cancel your participation in this course, your registration fee, less a \$75 administrative fee, will be refunded when written notification is received by Mayo School of Continuous Professional Development before **September 15, 2009** (fax#: 507-284-0532). No refunds will be made after September 15, 2009.

Mayo School of Continuous Professional Development reserves the right to cancel or postpone any course due to unforeseen circumstances. In the unlikely event Mayo School of Continuous Professional Development must cancel or postpone this course, Mayo School of Continuous Professional Development will refund the registration fee, but is not responsible for any related costs, charges, or expenses to participants, including fees assessed by airline/travel/lodging agencies.

## TRAVEL

**Madden's Resort on Gull Lake**  
11266 Pine Beach Peninsula  
Brainerd, MN 56401  
Toll free: 800-642-5363  
Phone: 218-829-2811

### FROM DULUTH:

Follow I-35 south to the Hwy 210 exit. Follow Hwy 210 west to and through Brainerd, turn right on Hwy 371 north, 2.5 miles to Co. Rd. 77 (Pine Beach Road), turn left, 7 miles.

### FROM MINNEAPOLIS-ST. PAUL:

Follow I-94 West to Clearwater. Take the Highway 24 exit, follow to Highway 10. Turn left and follow Highway 10 West to Little Falls, follow Highway 371 to the Brainerd Bypass. Follow 371 to Baxter to the intersection of Highways 371 and 210. Continue straight on Highway 371 for 4 miles to County Road 77. Turn left, drive 7.5 miles to Madden's.

### FROM THE WEST:

Driving on Hwy 210, travel 5.5 miles east of Pillager, turn left on County Road 18, 3.5 miles to County Road 77, turn left.

## LODGING ACCOMMODATIONS

Guest rooms have been reserved for attendees and their guests with special course rates at Madden's Resort. A meal plan is included with meeting and hotel registration. To book a hotel room for this meeting, call Madden's Resort at 218-829-2811 or 800-233-2934. In order to receive the special rate, reservations must be made before the room block is filled or before the expiration date of **September 15**, whichever comes first. Reservations will be taken following this date based on space and rate availability. Identify yourself as a participant of the Minnesota State Neurosurgical Society when making your reservation. Room rates do not include applicable city and state taxes.

## FACULTY DISCLOSURE

As a provider accredited by ACCME, College of Medicine, Mayo Clinic (Mayo School of Continuous Professional Development) must ensure balance, independence, objectivity and scientific rigor in its educational activities. Course director(s), planning committee, faculty, and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty also will disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Disclosure of this information will be published in course materials so those participants in the activity may formulate their own judgments regarding the presentation.

# Course Schedule



## Friday, October 2, 2009

7:00-8:00 PM

Opening Reception

8:00-9:00 PM

Presidential Address

## Saturday, October 3, 2009

7:30-10:00 AM

Scientific Session I

10:15 AM-12:00 PM

Scientific Session II

1:00-3:00 PM

Resident's Award and Scientific Session III

3:15-5:00 PM

General Scientific Session IV

## Sunday, October 4, 2009

7:00-10:30 AM

Scientific Session V

10:30 AM-12:00 PM

Business Session

12:00 PM

Adjourn

## PROGRAM COMMITTEE

### Course Directors

*Douglas Chyatte, MD*

*Anthony Bottini, MD*

## FACULTY

### Mayo Faculty

*Dominic Cannella, MD*

Mayo Health System

Mankato, MN

*Douglas Chyatte, MD*

Professor of Neurosurgery

College of Medicine, Mayo Clinic

*Giuseppe Lanzino, MD*

Professor of Neurosurgery

College of Medicine, Mayo Clinic

*Kendall H. Lee, MD, PhD*

Assistant Professor of

Neurosurgery and Physiology

College of Medicine, Mayo Clinic

*Michael Link, MD*

Professor of Neurosurgery

College of Medicine, Mayo Clinic

*Robert Spinner, MD*

Professor of Anatomy,

Neurosurgery and Orthopedics

College of Medicine, Mayo Clinic

*Jamie Vangompel, MD*

Fellow in Neurosurgery

College of Medicine, Mayo Clinic

### Guest Faculty

*Anthony Bottini, MD*

President, Minnesota

Neurosurgical Society

St. Cloud, MN

*Mary Dunn, MD*

White Bear Lake, MN

*Stephen J. Haines, MD*

Lyle A. French Chair and Head

of the Department of Neurosurgery

University of Minnesota

Minneapolis, MN

*Terry Hood, MD*

Park Nicollet Clinic

St. Louis Park, MN

*Matthew A. Hunt, MD, FRCS*

Assistant Professor of Neurosurgery

University of Minnesota

Minneapolis, MN

*Mahmoud Nagib, MD*

Neurosurgical Associates, LTD

Assistant Professor of Neurosurgery

University of Minnesota at Allina

Minneapolis, MN

*Ramu Tummala, MD*

Assistant Professor of Neurosurgery

University of Minnesota

Minneapolis, MN

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October 2-4, 2009

Madden's Resort

11266 Pine Beach Peninsula

Brainerd, MN 56401

**Mail or FAX form with payment to:**

Mayo School of Continuous Professional Development  
 Plummer 2-60  
 200 First Street SW  
 Rochester, MN 55905

Phone 800-323-2688 or 507-284-2509  
 FAX 507-284-0532  
 E-mail cme@mayo.edu  
 Web site www.mayo.edu/cme

Online Registration: <http://www.mayo.edu/cmeoct2009.html>

**Contact Information**

Name of Registrant - first name, middle name or initial, and last name		Degree - select all that apply <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other - specify:					
Name of Institution		Medical Specialty					
Preferred Mailing Address - select one <input type="checkbox"/> Work/Business <input type="checkbox"/> Home							
Work/Business Address - street address		Work Phone - include all country and city/area codes as needed along with complete phone number					
City	State or Province	ZIP or Postal Code	Country				
Home Address - street address		Home Phone - include all country and city/area codes as needed along with complete phone number					
City	State or Province	ZIP or Postal Code	Country				
E-mail Address		FAX - include all country and city/area codes as needed along with complete phone number	FAX Location - select one <input type="checkbox"/> Work/Business <input type="checkbox"/> Home				
<table border="1"> <tr> <td style="background-color: black; color: white; padding: 5px;"><b>SPECIAL NEEDS</b></td> <td colspan="3">If you have special assistance needs or dietary restrictions, describe here:</td> </tr> </table>				<b>SPECIAL NEEDS</b>	If you have special assistance needs or dietary restrictions, describe here:		
<b>SPECIAL NEEDS</b>	If you have special assistance needs or dietary restrictions, describe here:						

**Registration Fee**

Conference (October 2-4, 2009)	\$ 200	\$ _____
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**Payment Information**

<input type="checkbox"/> Check is enclosed in the amount shown at right - make checks payable to Mayo Clinic			Payment Total
Credit Card - select one <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Account Number	Exp Date - mm/yy	
Name of Cardholder - as it appears on the card		Signature of Cardholder - required <b>X</b>	



Mayo Clinic  
200 First St. SW  
Rochester, MN 55905

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