

The Syracuse District of the  
New York Chapter American College of Physicians  
invites you to attend the following dinner and educational program



Tuesday, April 18, 2017  
6:00pm Registration/6:30 Dinner & Educational Program

744 Broadway  
Albany, NY 12207  
[www.nyacp.org](http://www.nyacp.org)  
P: 518-427-0366  
F: 518-427-1991

Pascale Italian Bistro at Drumlins - 800 Nottingham Rd, Syracuse NY 13224

## ***A Multiple Small Feedings of the Mind***

### **You Can Be An Eye Expert**

Faculty: William Tucker, MD  
Tucker Eye Care - Fayetteville, NY

**Learning Objectives:** Differentiate signs and symptoms in a patient with red eye that will indicate which ocular diagnoses to consider; (b) learn how to think systematically to differentiate the trivial diagnosis which can be treated by the PCP from the severe (which necessitate immediate referral).

### **Acute Stroke Therapies**

Faculty: Hesham Masoud, MD  
Assistant Professor, Department(s) of Neurology, Neurosurgery and Radiology  
SUNY Upstate Medical University

**Learning Objectives:** Review evidence in support of mechanical thrombectomy for the treatment of emergent large vessel occlusion; discuss the "frontiers" of patient selection for endovascular therapy in acute ischemic stroke.

The American College of Physicians is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American College of Physicians designates this live activity for a maximum of *1.0 AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**PRE-REGISTRATION IS REQUIRED.** Please provide the information below and **return with payment**. The deadline for reservations or to request refunds due to cancellation (less any processing fees) is Thursday, April 13th.

Name: \_\_\_\_\_ ACP Member - ID # \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Dinner Selection (Choose One): Chicken \_\_\_\_\_ Pasta \_\_\_\_\_

### **Meeting Registration Fee: ACP Members \$40.00 per person/ Non-ACP Members \$45.00 per person**

I would like to sponsor a resident/med student member; \_\_\_\_\_ \$40; Nonmember \_\_\_\_\_ \$45

Resident/ Student Member Name \_\_\_\_\_; E-Mail Address \_\_\_\_\_

**Payment Methods:**  Check - payable to: NYACP, 744 Broadway, Albany NY 12207

AMEX /  Visa /  Mastercard /  Discover Credit Card # \_\_\_\_\_

V Code # \_\_\_\_\_ Name on Card \_\_\_\_\_

Billing Address (including Zip Code) \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

**FAX REGISTRATION FORM & PAYMENT INFORMATION TO: (518) 427-1991; REGISTER ONLINE AT [WWW.NYACP.ORG](http://WWW.NYACP.ORG);  
FOR QUESTIONS OR RESERVATIONS BY PHONE CALL: (518) 427-0366**