

The School of Counselling, Human Services and Social Work at The University of Auckland invites you to a panel presentation on Wednesday 11 August 2010 led by Prof Cynthia Poindexter

Panel title: Living Every Moment

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Cynthia Poindexter is from the Graduate School of Social Service, Fordham University in New York. She is a Fulbright specialist and guest faculty member of the University of Auckland. Her main speciality is HIV. Her experience and areas of expertise include stigma management, stigma resistance, networks of older New Yorkers with HIV, work-related needs of HIV-positive women working in the HIV field, HIV-affected culturally diverse families, and the HIV caregiving journey

The focus of Cynthia's presentation will be on aging with HIV and the implications for health and social practice

Other panelists

Catherine Hughes is a community palliative care social worker at Hospice West Auckland and will present on working with culturally diverse people from diagnosis to end of life

Susan Mundt is a social worker with the ADHB Community HIV Team and will present on current issues for people living with HIV

	Jane Bruning is a co-ordinator of Positive Woman and will offer a HIV+ person's perspective on living with a chronic disease
Venue	Building 730 Room 220
	University of Auckland Tamaki Campus - see attached map
Parking	See attached map
Date	Wednesday 11 August 2010
Time	9am - 12:30pm
Cost - No refunds possible	\$50 per person (includes morning tea) \$25 students with ID and beneficiaries

Registration Form - Living every moment			
Wednesday 11 August			
Name:			
Organisation:			
E-mail address:			
Amount included:			
Registrations close on 09 August. Places are limited. Please register early to avoid disappointment Please circle your method of payment			
Cheque Credit Card (Please complete the credit card authorisation form)			
CREDIT CARD AUTHORISATION FORM - Please complete all sections below			
Participant Name			
Date			
I, authorise the following charges.			
To be charged to the following credit card: Visa / Mastercard (Please delete)			
Card No			
Card Holder's Name			
Card Holder's signature			
Expiry Date			
Please post cheque along with registration form to:			
Rani Krishnan School of Counselling, Human Services and Social Work			
Faculty of Education			
Private Bag 92601			
Symonds Street Auckland			

E-mail: r.krishnan@auckland.ac.nz

