From Sensors to Wearables to Health Monitoring

May 5–6, 2016  |  San Diego, CA

This short course is adapted from our Wireless Health and Wearables Master’s and Graduate Certificate offerings. It covers sensors, wearables and wireless health (also known as digital and mobile health). Sensors are a key enabling technology for wearables, while applications of wearables to health and wellness monitoring are one of the most exciting growth areas on the horizon.

This course is suitable for business, technology, health and wellness, intellectual property, regulatory and policy, and venture investment professionals.

Objectives

In this course, you will gain insight into:

- Current markets and trends
- Applications, products and services
- Value chains and business models
- Health care delivery ecosystem
- Health product design in the consumer age
- Regulatory processes and certification

Faculty

Mehran Mehregany, Ph.D.

Mehregany is the Goodrich Professor of Engineering Innovation at Case Western Reserve University, Director of the Case School of Engineering San Diego and editor of the book titled “Wireless Health: Remaking of Medicine by Pervasive Technologies”.

Enrique Saldivar, M.D., Ph.D.

Saldivar is Director of the Wireless Health Program of the Case School of Engineering San Diego and Adjunct Professor of Biomedical Engineering at Case Western Reserve University.

Mehregany and Saldivar are established educators, researchers, and entrepreneurs in the topic.

Location and Lodging

Classes will be at our conference facility: 6450 Lusk Blvd, Suite E-200, San Diego, CA 92121.

There are a number of hotels walking distance from us. Students are responsible for their own lodging.

Questions? Contact Kathleen Ballou at cse-sd@case.edu (e-mail) and 216-368-8859 (phone)
Tuition

Tuition is tiered by advance registration:

- $1,980 before January 16, 2016
- $2,180 between January 16, 2016 and April 4, 2016
- $2,380 after April 4, 2016

Course Materials

Students will receive the lecture slides and other reference material on site.

Schedule

Day 1 – Theme: Business Overview
08:00  Current Markets and Trends
09:15  BREAK
09:30  Applications, Products and Services
10:45  BREAK
11:00  Small-Group Demos and Exercises
12:00  Lunch
13:30  Value Chains and Business Models
14:45  BREAK
15:00  Health Care Delivery Ecosystem
16:15  BREAK
16:30  Where to Play? How to Win?
17:30  Happy Hour
18:30  Adjourn

Day 2 – Theme: Technology Overview
08:00  Design for the Consumer Patient
09:15  BREAK
09:30  Design for the Clinical Team
10:45  BREAK
11:00  Medical Device Design I
12:00  Lunch
13:30  Medical Device Design II
14:45  BREAK
15:00  Regulatory and Certification Processes I
16:15  BREAK
16:30  Regulatory and Certification Processes II
17:30  Adjourn

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REGISTRATION FORM

Complete this form, sign it and e-mail a scanned copy to: cse-sd@case.edu

First/Given Name: ___________________________________________ Last/Family Name: ___________________________________________

Preferred First Name on Name Tag: ___________________________ Degree: ___________________________________________

Position: __________________________________________________

Organization: _______________________________________________

Department: _________________________________________________ Division: ___________________________________________

Street: _____________________________________________________

City: _______________________________________________________

Zip/Postal Code: ____________________________________________

State: ______________________________________________________

Country: __________________________________________________

Phone No.: _________________________________________________ Email: _________________________________________________

How did you hear about our course? ___________________________________________________

PAYMENT (circle the one applicable)

$1,980 before 01/16/2016   $2,180 between 01/16/2016 and 04/04/2016   $2,380 after 04/04/2016

☐ Check/Money Order

Payable to: Case Western Reserve University (mail to: 6540 Lusk Blvd, Suite C274, San Diego, CA 92121)

☐ Credit Card Payment (circle one): VISA MasterCard American Express

Card No.: ___________________________ Exp. Date (MM/YY): ___________ Security Code: ________

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