



Society for Whole Body Autoradiography

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Dear Society Colleague & Interested Parties:

The **Short Course for Whole-Body Autoradiography** will be held from Sunday, September 14 to Wednesday, September 17, 2008, at Quest Pharmaceutical Services in Newark, Delaware, USA. The course will include plenary lectures and practicals, covering all aspects of qualitative and quantitative WBA, as well as personal tutorial. It will be tutored by several of the QWBA world-leading experts, accounting together for more than 100 years of experience in this field.

Local Hotels:

Embassy Suites, 654 South College Avenue, Newark, Delaware, United States, 19713
Tel: +1-302-368-8000, Fax: +1-302-368-8975.

Homewood Suites by Hilton® Newark, 640 South College Avenue, Newark, Delaware, United States 19713; Tel: +1-302-453-9700, Fax: +1-302-453-9600

Note: The course is limited to 15 participants; early registration is recommended.
The registration deadline is August 1, 2008

The course registration fee is \$1700 for early registration and \$2000 after May 1, 2008: Registration includes: course materials & lab supplies, luncheons, coffee breaks, course dinner, welcome reception, and official course dinner. *Does not include dinner on Days 1, 2, & 4, or hotel accommodations.*

Cancellation policy: 100% reimbursement prior to May 1, 2008, 50 % by August 1, 2008 and no reimbursement for cancellations on or after September 1, 2008 and/or no shows.

REGISTRATION FEE PAYMENT: Please make checks payable in U.S. dollars- to the **Society for Whole Body Autoradiography** or AMEX, VISA, MC credits cards will be accepted. Please FAX your Credit Card Information using the **form on the next page**.

Your SWBA Course Coordinators:

Alfred Lordi, Nina Rebmann, Alain Schweitzer, Stefan Linehan and Eric Solon



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PLEASE ENROLL ME AS A STUDENT FOR THE:

The Short Course for Whole-Body Autoradiography at Quest Pharmaceutical Services on September 14-17, 2008.

To register for the course, please fill out and return the information below.

Name: _____

Company: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

CREDIT CARD INFORMATION IS BELOW:

Name of credit card holder

Address of credit card holder

Credit Card Type (circle correct card name): American Express VISA MasterCard

Credit Card Number: _____

Credit Card Expiration Date: _____ **Credit Card V-Code:** _____

PLEASE FAX: (302) 369-3753 THIS INFORMATION TO NINA REBMANN

OR

MAIL to:

Nina Rebmann
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