



### **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 19 to Wednesday, September 22, 2010, at QPS, LLC 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. This year the use of alternative innovative technologies for examining tissue distribution will also be highlighted. It will be tutored by several of the QWBA world-leading experts in the field, Alain Schweitzer (Novartis), Eric Solon (QPS), and Alfred Lordi (QPS), additional tutors may also be added.

#### **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 6, 2010

**The course registration fee is \$1700 USD for early registration and \$2000 USD after May 1, 2010:** Registration includes: course materials & lab supplies, luncheons, coffee breaks, course dinner, welcome reception, and official course dinner. *Does not include dinner on the other days or hotel accommodations.*

*Cancellation policy: 100% reimbursement prior to May 31, 2010, 50 % through August 6, 2010 and no reimbursement for cancellations on or after August 6, 2010 and/or no shows.*

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



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**PLEASE ENROLL ME AS A STUDENT FOR THE:**

The Short Course for Whole-Body Autoradiography at QPS, LLC on September 19-22, 2010.

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

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

**CREDIT CARD INFORMATION IS BELOW:**

\_\_\_\_\_  
**Name** of credit card holder

\_\_\_\_\_  
**Address** of credit card holder

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

**Credit Card Number:** \_\_\_\_\_

**Credit Card Expiration Date:** \_\_\_\_\_ **Credit Card V-Code:** \_\_\_\_\_

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