Avenue, NW American Registry of Pathology 20306-6000 Alaska Washington, DC Street & 14th



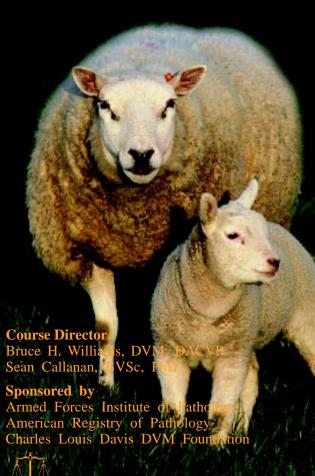
RINARY European 00 nnual Ο

10 - 14 March 2008 University of Dublin City College Dublin, Ireland



Annual European SCRIPTIVE ERINARY PATHOLOGY

10 - 14 March 2008 University of Dublin City College Dublin, Ireland



COURSE DESCRIPTION

This course is designed to teach **L** attendees how to describe gross and microscopic lesions in a variety of major organs in numerous animal species. Both written and oral descriptive techniques will be taught. The course will also include lectures on interpretation and description

of electron micrographs and immunohistochemical preparations, the correlation of gross, microscopic, cytologic and clinicopathologic data, and a review of basic molecular techniques. Practice tests (gross and microscopic) will be given and graded to provide feedback. Microscopes will be provided, and gross lesions will be demonstrated by means of digital images.

COURSE OBJECTIVE

The objective of the course is to increase the attendees' skill **L** at describing gross and microscopic lesions in animal tissues. Additional lectures will illustrate basic concepts in general and applied diagnostic pathology.

COURSE LOCATION/LODGING

The course will be held at the University of Dublin City **L** College, Dublin, Ireland. Rooms have been reserved at The Montrose Hotel until 18 February 2008. After this date. reservations will be subject to availability. Please print the reservation form and mail or register online using the reference number on the form.

THE MONTROSE HOTEL

Stillorgan Road Dublin 4 Phone: +353 1 2153630 Fax: +3535 1 2693376 E-mail: modwyer@montrose.ie Website: http://www.montrose.ie



Institute for Tierpathologic University of Bern Bern, Switzerland

Jo Lynne Raymond, DVM, DACVP Department of Veterinary Pathology Armed Forces Institute of Pathology Washington, DC

FACULTY

Donald Meuten, DVM, PhD, DACVP

Department of Pathobiology North Carolina State University Raleigh, North Carolina

Horst Posthaust, Dr. Med. Vet, PhD, DECVP

Dana Scott, DVM, DACVP

Department of Veterinary Pathology Armed Forces Institute of Pathology Washington, DC

Paul Stromberg, DVM, PhD, DACVP

Department of Veterinary Biosciences The Ohio State University Columbus, Ohio

Bruce H. Williams, DVM, DACVP

Department of Telemedicine Armed Forces Institute of Pathology Washington, DC

Audiotaping or videotaping is prohibited.

It is the policy of the Armed Forces Institute of Pathology that the provider and faculty/presenters disclose any significant financial or other relationships with commercial companies whose products may be discussed in the activity, or the commercial supporters, if any. The Armed Forces Institute of Pathology also requires that faculty disclose any unlabeled or investigational use (not yet approved for any purpose) of pharmaceutical products and medical devices. Specific disclosure will be made to the participants prior to the educational activity.

PROGRAM

MONDAY. 10 MARCH 2008

7:30 - 8:00 Registration 8:00-12:00 Macroscopic-Microscopic Correlation 12:00 - 1:00 LUNCH BREAK 1:00 - 3:00 Macroscopic Veterinary Pathology 3:00 -5:00 Microscopic Veterinary Pathology

TUESDAY, 11 MARCH 2008

8:00 - 9:00 Diagnostic Immunohistochemistry 9:00 - 9:30 BREAK 9:30-12:00 Histologic-Ultrastructural Correlation 12:00 - 1:00 LUNCH BREAK 1:00 - 2:00 Histologic Cytologic Correlation 2:00 - 5:00 Cytologic Descriptive Techniques

WEDNESDAY, 12 MARCH 2008

8:00 - 9:30 Microscopic Quiz #1 9:30-10:00 **BREAK** 10:00-11:30 Macroscopic Quiz #1 11:30-12:30 LUNCH BREAK 12:30 - 4:30 Histologic Clinicopathologic Correlation

THURSDAY, 13 MARCH 2008

8:00 - 9:30 Review Macroscopic Quiz #1 9:30-10:00 **BREAK** 10:00-12:00 Review Microscopic Quiz #1 12:00 - 1:00 LUNCH BREAK 1:00 - 2:30 Microscopic Quiz #2 2:30 - 2:45 **BREAK** 2:45 - 4:15 Macroscopic Quiz #2

FRIDAY, 14 MARCH 2008

8:00 - 9:30 Review Macroscopic Quiz #2 9:30-10:00 **BREAK** 10:00-11:30 Review Microscopic Quiz #2 11:30-12:15 LUNCH BREAK 12:15 - 1:30 Macroscopic Quiz #3 1:30 - 1:45 **BREAK** 1:45 - 3:00 Microscopic Quiz #3 3:00 - 4:30 Review Macroscopic and Microscopic Ouiz #3

UPCOMING COURSES

23rd Annual Neuroradiology Course 9 - 10 February 2008

Hyatt Regency Hotel, Denver, Colorado 46th Annual Kenneth M. Earle Memorial

Neuropathology Review Course 11 - 15 February 2008 Hyatt Regency Hotel, Denver, Colorado

44th Annual

Forensic Dental Identification and Emerging Technologies: Lectures and Mini Workshops 10 - 14 March 2008 Hyatt Regency Hotel, Bethesda, Maryland

18th Annual Anatomic Pathology Updated Course 24 - 29 March 2008 Hyatt Regency Hotel, Bethesda, Maryland

6th Annual Soft Tissue Tumors: A Microscopy Workshop 7 - 9 April 2008 Lister Hill Auditorium, National Library of Medicine Bethesda, Maryland

34th Annual Orthopedic Pathology 10 - 11 April 2008 Lister Hill Auditorium, National Library of Medicine Bethesda, Maryland

Sexual Assault Response Team Training Program (Open to Civilians and Military)

21 - 25 April 2008 Marriott Bethesda Hotel, Bethesda, Maryland

21st Annual Forensic Anthropology 9 - 13 June 2008 National Transportation Safety Board Academy Ashburn, Virginia

INFORMATION

For further information please contact: **Course Coordinator: Ricky Giles** Department of Medical Education/AFIP Washington, DC 20306-6000 Office Tel: (202) 782-2637 Toll Free Tel: (800) 577-3749 (within the US) Toll Free Fax: (800) 441-0094 Fax: (202) 782-5020 E-mail: came@afip.osd.mil DSN: 662-2637

Alternate Contact: williamsb@afip.osd.mil or (202) 782-2392



If you need special assistance, please contact

REGISTRATION

TUITION is \$350.

An administrative fee of \$100 per registrant will be deducted for cancellation. Refund requests must be received in writing one week prior to the course. No refunds will be made thereafter.

Course fees are payable by check or money order to the American Registry of Pathology or by VISA, MasterCard, or American Express and are due at the time of enrollment. To register by mail, complete the form and send it with payment to the Department of Medical Education at the AFIP. To register by telephone, fax, or Internet, credit card payment is required.

ACCREDITATION STATEMENT AAVSB/RACE

This course meets the requirements for 36 credits of continuing education in jurisdictions which recognize the American Association of Veterinary State Boards (AAVSB) Registry of Approved Continuing Education (RACE) approval program, including California. Note: This program is designed to satisfy the California rules governing CE, which are pending final approval.

ACCME

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Armed Forces Institute of Pathology and the American Registry of Pathology. The Armed Forces Institute of Pathology is accredited by the ACCME to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity.

The Armed Forces Institute of Pathology designates this educational activity for a maximum of 36 AMA Physician's Recognition Award Category 1 credit(s), which may be applied to state requirements. Physicians should only claim credit commensurate with the extent of their participation in the activity.

DOCUMENTATION OF CREDITS

All participants are provided an official certificate of attendance at the completion of the course. This document is acceptable by the IRS, AMA, and the state medical societies as proof of attendance at the course. A \$10 administration processing fee will be charged for each additional request for documentation of CME credits.

> **REGISTER ON THE WEB** www.askafip.org

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REGISTRATION FORM

7TH ANNUAL EUROPEAN DESCRIPTIVE VETERINARY PATHOLOGY 10 - 14 March 2008

Tuition: See Registration Make checks payable to: AMERICAN REGISTRY OF PATHOLOGY

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| be staying at the Montrose Hotel DYes DNo | | | | | | |
| IL TO: Course Coordinator: Ricky Giles | | | | | | |
| Department of Medical Education Armed Forces Institute of Pathology | | | | | | |

Washington, DC 20306-6000



The Descriptive Veterinary Pathology Conference March 10th 2008 x 6 nights

ACCOMMODATION BOOKING FORM

Please <u>FAX</u> or <u>EMAIL</u> this booking form to The Montrose Hotel or alternatively please call the hotel direct quoting reference <u>UCD090308.</u>

The Montrose Hotel -<u>In House Reservations</u> Ph + 353 1 2153631 Fax +353 1 2693376 Email: mmeehan@montrose.ie or ivert@montrose.ie

| First Name: | Surname: | | | Title: | | | |
|--------------------------|----------------|---------------------------------|---------------------------------|-------------------------|--|--|--|
| Address: | | | | | | | |
| Telephone: | Fax: | | Email: | | | | |
| CompanyName: | Address: | | | | | | |
| Date of Arrival: Date_ | Month | | YearNo of nights: | | | | |
| | Classic Single | Classic Twin (2 Single Beds) | Classic Double (1 Queen Bed) | Executive Supplement | | | |
| Montrose Hotel Dublin | €103.00 | €103.00 | €103.00 | €123.00 | | | |

These rates are per room, per night and are inclusive of VAT @ 12.5%, service charge @ 15% and full Irish breakfast. (VAT is subject to change without notice). These rates are subject to availability. These discounted rates are <u>only</u> available with this booking form.

All bookings must be guaranteed by credit card. Reservations will NOT be accepted without card details.

Card Type: VISA / AMEX / DINERS / MASTERCARD Card Number: ______ Expiry Date:_____

THE FINAL CUT-OFF DATE FOR BOOKINGS IS THE 18th February 2008 Following this date all bookings will be subject to availability.

Cancellation Policy.

Cancellations must be made directly with the Hotel and you must gain a cancellation referance. If the room is cancelled within seven days the Hotel will endeavor to resell the space. However if the Hotel is unable to resell the space a cancellation charge equal to that of the first night of stay will be applicable without exception. All cancellations made within 48 hours of arrival are subject to cancellation charge under all circumstances.

Special Requests:_____

Signed:_____Date:_____

| Confirmed by | Date | Reservation # | Arrival | Departure | Rate |
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