

**PET/CT PRACTICUM**  
**Johns Hopkins University School of Medicine**  
**Department of Radiology and Radiological Science**

Richard L. Wahl, MD - Professor of Radiology and Director, Division of Nuclear Medicine

**COURSE DESCRIPTION:** This five-day practicum, intended for radiologists and all users of PET/CT technology, has been designed to interpret studies and provide efficient use and knowledge of the newest imaging modalities available using the General Electric Discovery LS PET/CT Scanner.

**OBJECTIVES:** Following this program, the participant should be able to:  
 -to become familiar with technical parameters and protocols for acquiring PET/CT images  
 -comprehend the basic principles of PET/CT  
 -select appropriate patients for PET/CT study  
 -accurately interpret PET/CT studies

**ACCREDITATION STATEMENT:** The Johns Hopkins University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**CREDIT DESIGNATION STATEMENT:** The Johns Hopkins University School of Medicine designates this educational activity for a maximum of 31 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Each physician should claim only those credits that he/she actually spent in the activity.

**REGISTRATION FEE:** \$4000. The registration fee, which must be received by the start of the meeting, includes instructional materials and refreshment breaks. Foreign payments must be made by credit card or with a U.S. Dollar World Money Order.

**Cancellation Policy:** If you must cancel, notify the Office of Continuing Medical Education by phone, (410) 955-2959, or fax, (410) 955-0807. An administrative fee of \$250 will be retained on all refunds, which will be processed only after written notice is received. Cancellations received after April 17, 2006 are non-refundable. The Johns Hopkins University reserves the right to cancel this course at any time. In this event, the full registration fee will be returned to the registrant.

**LOCATION:** Johns Hopkins Hospital  
 600 North Wolfe Street, Nelson Basement B1-182  
 Baltimore, Maryland 21287

**HOTEL AND TRAVEL INFORMATION:**

The Inn at Henderson's Wharf (410) 522-7777  
 1000 Fell Street  
 Baltimore, Maryland 21231

The modern masterpiece offers a seamless blending of old-world charm with new-world comfort. Recently updated and upgraded, each room offers many luxury amenities including complimentary wireless technology, parking and deluxe continental breakfast. You may call the hotel directly to make your reservation. Specify that you are attending the Johns Hopkins PET/CT Practicum meeting to receive the special room rate of \$169 s/d, plus tax. Please obtain a taxi voucher from the hotel for transportation to/from the meeting.

**Call United Airlines at (800) 521-4041 for discounted rates and refer to Meeting ID Number 549TJ.**

**AMERICANS WITH DISABILITIES ACT:** The Johns Hopkins University School of Medicine fully complies with the legal requirements of the ADA and the rules and regulations thereof. *Please notify us if you have any special needs.*

**POLICY ON FACULTY AND PROVIDER DISCLOSURE:** It is the policy of the Johns Hopkins University School of Medicine that the faculty and provider disclose real or apparent conflicts of interest relating to the topics of this educational activity, and also disclose discussions of unlabeled/unapproved uses of drugs or devices during their presentation(s). Detailed disclosure will be made in the course handout materials.

**FOR FURTHER INFORMATION:**

Office of Continuing Medical Education (410) 955-2959  
 Johns Hopkins University School of Medicine (410) 955-0807 FAX  
 Turner 20, 720 Rutland Avenue cmenet@jhmi.edu  
 Baltimore, Maryland 21205-2195 [www.hopkinscme.net](http://www.hopkinscme.net)

Call for available dates.

**MEETING REGISTRATION FORM**

**07/530236**

To register by mail, send this form to the Johns Hopkins University, Office of Continuing Medical Education, P.O. Box 64128, Baltimore, Maryland 21264-4128. Include check payable to **HOPKINS/PET/CT Practicum 07/530236**, or fax your credit card registration to (410) 955-0807. Registration is limited and pre-registration is required.

Please type or print clearly:

**[ ] September 11 - 15, 2006 or [ ] November 13 - 17, 2006**

last name	first name	middle initial	primary degree	primary specialty
preferred mailing address	city	state	zip + 4 code	country
daytime telephone	fax number	e-mail address		

METHOD OF PAYMENT:  CHECK Made payable to: Hopkins/PET/CT Practicum 07/530236

**For Johns Hopkins University Faculty and Staff Only:**

An approved JHU Tuition Remission Voucher and a Professional Development Form from the Benefits Office must accompany your registration. **For forms, visit [www.jhu.edu/~hr1/benefits/forms/others/index.html](http://www.jhu.edu/~hr1/benefits/forms/others/index.html).** Cancellation must be in writing five working days prior to course or your department will be charged.

**CREDIT CARD:**  VISA  MasterCard  Discover  AMEX Name as it appears on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

What do you hope to learn by attending this course? \_\_\_\_\_ Please notify us if you have any special needs. \_\_\_\_\_