

RENAL CRYOTHERAPY SYMPOSIUM



Presenting A Live Laparoscopic Cryoablation Procedure

The George Washington
University Hospital
Washington, D.C.

October 11-12, 2006

Registration Deadline: October 1, 2006

Program Director
Thomas Jarrett, M.D.
Chairman, Department of Urology
The George Washington University Hospital

Sponsored by an educational grant from Oncura, Inc.

WHO SHOULD ATTEND

This workshop is intended for physicians interested in current trends for cryosurgical ablation of renal and prostate cancer.

TOPICS TO BE COVERED

- Renal Cryosurgery Today
- Renal Cryosurgery: CT and MRI
- Laparoscopic Cryosurgery for Renal Tumors
- Patient Selection
- Reimbursement Information
- Live Renal Laparoscopic Cryoablation Case

CERTIFICATION OF ATTENDANCE

The George Washington University Hospital and Oncura, Inc. will provide Certificates of Attendance to all attendees that complete the entire symposium.

REGISTRATION

The registration fee of \$250 (physicians), \$500 (non physicians) or \$80 (residents) includes Wednesday night dinner, Thursday continental breakfast, refreshment breaks and all course materials. Registration is confirmed upon receipt of registration fee. We are unable to process any registration without payment. We cannot guarantee course materials on site to anyone registering after the registration deadline. Seating for this symposium is limited; please register early to reserve your seat.

SCHOLARSHIPS

A limited number of scholarships are available to defray expenses for tuition and travel for this workshop. For additional information, please contact your local Oncura Oncology Specialist.

REFUND AND CANCELLATION POLICIES

The sponsors of the workshops reserve the right to cancel or postpone any conference because of unforeseen circumstances or insufficient enrollment. In the event of such cancellation, full tuition paid will be refunded.

A handling fee of \$50 will be deducted from cancellation refunds. Refund requests must be received by mail or fax prior to October 1, 2006. No refunds will be made thereafter.

SYMPOSIUM SCHEDULE

WEDNESDAY, OCTOBER 11

- 12:00 pm Registration
- 12:30 pm Welcome and Introduction
- 12:45 pm Renal Cryotherapy Today
- 1:45 pm Renal Cryosurgery: Laparoscopic
- 2:45 pm Renal Cryosurgery: CT and MRI
- 3:45 pm Refreshment Break
- 4:00 pm Intro to Prostate Cryosurgery
- 5:00 pm Adjourn for dinner*
Dinner location announced during the symposium

THURSDAY, OCTOBER 12

- 7:30 am Continental Breakfast
- 8:00 am Live Renal Laparoscopic Cryoablation Case
Visit Oncura, Inc. at the Mid-Atlantic AUA Meeting for a hands-on demonstration
- 9:45 am Refreshment Break
- 10:00 am Patient Selection Criteria
- 10:45 am Reimbursement Information and Marketing Support
- 11:30 am Adjourn

*This symposium is supported by
an unrestricted educational grant from*



LOCATION

The George Washington University Hospital
900 23rd Street NW, Washington, DC 20037
Building _____, Room _____

ACCOMMODATIONS

George Washington University Inn
824 New Hampshire Ave NW
202-337-6620

Doubletree Guest Suites
801 New Hampshire Avenue NW
202-785-2000

Wyndham City Center
1143 New Hampshire Ave NW
202-775-0800

Park Hyatt Washington
24th St & M St NW
202-466-4326

ADDITIONAL INFORMATION

For additional information, please call 484-530-3900 x1708 or
E-mail joanne.constantini@oncuro.com

PROGRAM ACCESSIBILITY

We accommodate people with disabilities. Please call
484-530-3900 x1708 for more information or mark the space
indicated on the registration form. To ensure accommodation,
please register as soon as possible.

The George Washington University Hospital is committed to
providing programs and activities to all persons regardless of
race, national origin, religion, gender, age, veteran status or
disability. The George Washington University Hospital is an
equal opportunity institution.

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Name _____

Address _____

City/State/Zip _____

Business Phone _____

Fax _____

Degree _____

Specialty _____

E-mail Address _____

Registration Fee (please circle)

\$250 (physician) \$500 (non-physician) \$80 (resident)

Method of Payment (please circle)

Check (enclosed), make payable to ??????

VISA Mastercard AMEX

Card # _____

Exp. Date _____

Print Cardholder Name

Signature of Cardholder

Complete and return registration form to:

Joanne Constanini, Oncuro, Inc.
401 Plymouth Road, Suite 130
Plymouth Meeting, PA 19462
Fax 484-530-3956 or 484-530-3999

ADA Statement

- Please check this box if you require assistance because of
disability to make this program accessible to you.

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FACULTY

THOMAS JARRETT, M.D., Chairman, Department of Urology, The George Washington University, Washington, D.C.

ROBERT UZZO, M.D., Department of Urology, Fox Chase Cancer Center, Philadelphia, PA

GEORGE YU, M.D., Clinical Professor of Urology, The George Washington University, Washington, D.C.

LISA HAYDEN, Reimbursement Manager, Oncura, Inc., Plymouth Meeting, PA

MARIE MOLNAR-HAMMOND, Marketing Director, Oncura, Inc., Plymouth Meeting, PA

