

Neurology Residents

You are Invited to Attend the

5th Annual MS: The Disease and Its Treatment

MARCH 29, 2008

The Borgata Hotel
One Borgata Way
Atlantic City, New Jersey
(609) 317-1000

REGISTER EARLY – LIMITED NUMBER OF ROOMS AVAILABLE

Saturday, March 29, 2008

7:00 am – 8:00 am	Registration/ Breakfast	
8:00 am – 8:10 am	Welcome and Introduction	<i>Fred D. Lublin, MD</i>
8:10 am – 9:10 am	New Players in the Immunology of Multiple Sclerosis	<i>Suhayl Dhib-Jalbut, MD</i>
9:10 am – 10:10 am	The Changing Face of MS Treatment	<i>Fred D. Lublin, MD</i>
10:10 am – 10:30 am	Break	
10:30 am – 11:30 am	The MRI Toolbox: Looking Inside the MS Brain	<i>M. Matilde Inglese, MD, PhD</i>
11:30 am – 12:30 pm	Lunch	
12:30 pm – 1:30 pm	Future Research in Multiple Sclerosis	<i>Robert P. Lisak, MD</i>
1:30 pm – 2:30 pm	Multiple Sclerosis: A Case-Based Approach	<i>Aaron Miller, MD</i>

Objectives:

Upon completion of this CME activity, participants should be able to:

- Apply new information on the immunopathogenesis of MS when making treatment decisions.
- Enhance patient care by incorporating current and new treatment options for MS.
- Using a case study approach, recognize when it may be necessary to begin or modify treatment in order to optimize patient outcomes.
- Integrate a magnetic resonance imaging strategy in the monitoring of treatment for the MS patient.

Accreditation:

The University of South Florida College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of South Florida designates this educational activity for a maximum of 5 *AMA PRA Category 1 Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Sponsored by



**PLEASE REPLY USING THE ATTACHED GUEST PROFILE FORM
ON OR BEFORE MARCH 7, 2008**

**5th ANNUAL MS: THE DISEASE AND ITS TREATMENT
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GUEST PROFILE

Your Registration Fee is waived (**proof of residency required**). You will be provided a hotel room for up to two nights. Meals **not** provided by the program and incidentals are **YOUR** responsibility. Registrants will be required to provide credit card information – **if you register and do not show up or you cancel your reservation less than 48 hours prior to arrival time, the cost of your hotel room (\$325 for Fri Mar 28th and/or \$399 for Sat Mar 29th plus all applicable taxes) will be billed to your credit card.** Your signature on this form signifies acceptance of these terms. **NO EXCEPTIONS.**

PLEASE PRINT LEGIBLY

NAME: _____

ADDRESS: _____

(home): _____

DAY PHONE: _____ CELL # (required): _____

E-MAIL (required): _____

FAX: _____ BIRTHDATE (MM/DD) _____

CREDIT CARD: AMEX MC VISA

CREDIT CARD #: _____ EXP. DATE: _____

SIGNATURE (required): _____

PLEASE CHECK ONE: **Yes, I will attend** I will **not** need a room

ROOMING / FOOD INFORMATION

Friday, March 28th Saturday, March 29th

Non-Smoking Smoking King 2 Doubles

Vegetarian

Special Needs: _____

Fax the completed Guest Profile form with proof of residency to 813-974-3217.

**If you have any questions, please call the Office of Continuing Professional
Development at 800-852-5362 - ask for AJ Bott or Pam LeClair**

YOU WILL RECEIVE A CONFIRMATION OF YOUR REGISTRATION