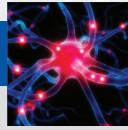


TENTATIVE AGENDA



Friday, January 29

- 5:00 pm Registration/Exhibits
- 6:25 pm Opening Remarks, Course Moderator Ruth Fredericks, MD
- 6:30 pm Dinner Presentation
Advances in Neurosurgical InterventionsAdam Lewis,MD and
for Tumors, Aneurysms and Spine Scott McPherson, MD

Saturday, January 30

- 7:30 am Registration/Breakfast
- 8:10 am Migraine ManagementJan Brandes, MD
- 9:10 am Acute Stroke Update.....Patrick Reynolds, MD
- 10:10 am Break/Exhibits
- 10:30 am Neuro Sleep Disorders Donna Cassell, MD
- 11:30 am Neuro Medical DisordersIndira Veerisetty, MD
- 12:30 pm Multiple Sclerosis Update/Lunch Ruth Fredericks, MD
- 1:30 pm Parkinson's Disease Update.....Jayaraman Rao, MD
- 2:30 pm PET Imaging in Neuro Disorders Homer A. Macapinlac, MD
- 3:30 pm Cardiac Neuro Disorders..... Harper Stone, MD
- 4:30 pm Course Evaluations Ruth Fredericks, MD

Objective

This conference is designed to give attendees an overview of the latest assessments, interventional options, follow-up and standards of care that will make a difference in the clinical practice and treatment of the neuroscience patient.

Registration

The fee for physicians is \$185 per participant; after December 31, the cost will be \$200. For non-physician practitioners, the fee is \$75; after December 31, the cost will be \$85. Spouses may attend the conference meals for an additional fee. Please see the Registration Form for price details.

Meeting Accommodations

The conference will be held at the world class Ritz-Carlton Hotel on the edge of the French Quarter. A block of rooms has been reserved for the Neuroscience Conference at the rate of \$229/night, single/double occupancy. To make your reservation, call 800-241-3333 and mention the St. Dominic Neuroscience Center to receive the group rate. All reservations must be received by the hotel no later than December 30. Reservations received after the cutoff date will be honored on a space and rate availability basis. For more information about the Ritz-Carlton, visit their website at www.ritzcarlton.com.

Accreditation Statement

St. Dominic Hospital is accredited by the Mississippi State Medical Association to provide continuing medical education for physicians. St. Dominic Hospital takes responsibility for the content, quality and scientific integrity of the CME activity. St. Dominic Hospital designates this education activity for a maximum of 9 *AMA PRA Category 1 Credits™*. Each physician should only claim credit commensurate with the extent of their participation in the activity.

ADA Statement

If you require any auxiliary aids, services or special meals, please contact Charlotte Vayda at 601-200-6686, email: cvayda@stdom.com, FAX: 601-200-0142.

FACULTY

Ruth Fredericks, MD

Course Director
Neuro-oncologist
St. Dominic Hospital
Neuroscience Center
Jackson MS

Jan Brandes, MD

Neurologist
Clinical Professor
Vanderbilt University
School of Medicine
Nashville TN

Donna Cassell, MD

Pulmonologist
Jackson Pulmonary
Jackson MS

Adam Lewis, MD

Neurosurgeon
St. Dominic Hospital
Neuroscience Center
Jackson MS

Homer A. Macapinlac, MD

Professor and Department
Chair, Dept. of Nuclear
Medicine, Division of
Diagnostic Imaging
The University of Texas
MD Anderson Cancer Center
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Scott McPherson, MD

Neurointerventional
Radiologist
St. Dominic Hospital
Neuroscience Center
Jackson MS

Jayaraman Rao, MD

Neurologist
Director, Parkinson's Disease
and Movement Disorder Center
Ochsner Clinic Foundation
New Orleans LA

Patrick Reynolds, MD

Neurologist
Associate Professor
of Neurology
Wake Forest University
Winston Salem NC

Harper Stone, MD

Cardiologist
Jackson Heart Clinic
Jackson MS

Indira Veerisetty, MD

Internal Medicine
Madison-Ridgeland
Medical Clinic
Ridgeland MS

Name _____ Specialty _____
Business Address _____ City _____ State _____ Zip _____
Phone Number _____ Fax Number _____ Email Address _____

Spouse Meals: Dinner Friday night \$70 Breakfast Saturday \$15 Lunch Saturday \$33

Credit Card Check Make payable to St. Dominic Hospital

Visa Discover Mastercard American Express

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Account # _____

Expiration Date _____

Signature _____

Total amount enclosed or to be charged _____

If paying by check, please mail check and a copy of this registration form to Charlotte Vayda, CME Coordinator, St. Dominic Hospital, 969 Lakeland Drive, Jackson, MS 39216. If paying by credit card, you may fax this form to (601)200-0142 or email to cvayda@stdom.com. If you have any questions, please call (601)200-6686.