

PTP Workshop Program
ANESTHESIA – IT’S A GAS!
A Hands-on Anesthesia Workshop

Date & Time

Wednesday, May 27, 2009

Session 1 : 8:30 registration; 9 am to 12 pm -for Animal Care Techs & LATG

***Session 2 : 12:30 registration; 1 pm to 4 pm - for RVT & RVT students
(refreshments will be provided)***

Speakers

***Anesthesia—It’s a gas! Anesthesia Concepts presented by
JIM HOUTS***

***President of Molecular Imaging Products Company
&***

***A Hands-on Demonstration on Anesthesia Procedures in Mice presented by
KRISTY BERRY, RVT & DR. MATHIAS LEBLANC, Clinical Veterinarian
Salk Institute***

Location: Cal Poly Pomona

3801 West Temple Ave. Building 92 (meet in Lobby), Pomona, CA 91768

For directions go to: www.csupomona.edu/map/index.shtml

A Special Thanks to our sponsors:

Charles River Laboratories & Molecular Imaging Products Company

Registration: \$5 / PTP members

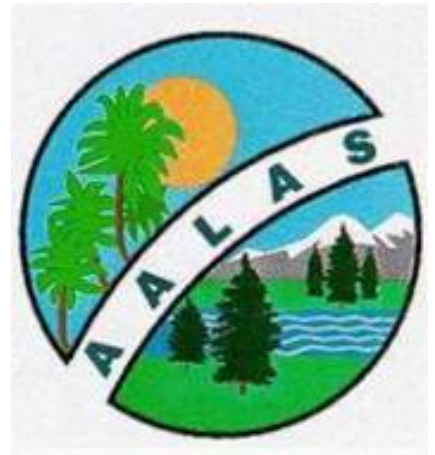
\$20 / non-PTP AALAS members

\$5 / students (with proof of enrollment)

PLUS \$5.00 parking - park in student parking lot

DUE May 12, 2009

20 participants per session



PTP Workshop Program — Registration Form ***ANESTHESIA – IT’S A GAS! & a Hands-on Workshop***

Date & Time

Wednesday, May 27, 2009

Schedule

Session 1 : 8:30 am registration (refreshments will be provided)
9 am to 10:15 am - Anesthesia—It’s a gas! Presented by Jim Houts
10:30 am to 12 pm - Hands-on workshop on Anesthesia Procedures in Mice
Presented by Kristy Berry and Dr. Mathias LeBlanc

Session 2 : 12:30 pm registration (refreshments will be provided)
1 pm to 2:15 pm - Anesthesia—It’s a gas! Presented by Jim Houts
2:30 pm to 4 pm - Hands-on workshop on Anesthesia Procedures in Mice
Presented by Kristy Berry and Dr. Mathias LeBlanc

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You may pay by “pay pal” at www.ptpaalas.org or make checks payable to Palms to Pines AALAS
and mail to: Palms to Pines AALAS
PO Box 223
Loma Linda, California 92354

*If you have questions please call Jenny Arvizu at (323) 573-1968.
For questions regarding direction call Cindy Tessler at (909) 869-4955.*

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Pay pal receipt # _____

Branch Affiliation: SCB OCB PTP SD Other: _____

Email must be listed. All confirmations will be confirmed through email.

