“PET from A to Z” Comprehensive Workshop Information

The workshop will take place at the Montreal Neurological Institute, 3801 University St, Montreal:

**Monday May 30, Tuesday May 31, Thursday June 02:** deGrandpré Communications Centre

*Enter at the main entrance of the MNI. Go left to the end of the hall, then right to the end of the hall. Take the C elevators to 3B, and follow the signs to deGrandpré.*

**Wednesday June 01:** North wing, NW125

*Enter at the main entrance of the MNI. Go left to the end of the hall, then right to the Jeanne-Timmins Foyer. Through the foyer, enter the North Wing and follow the signs to NW125.*

Monday and Tuesday will be lecture days. Registration starts at 8:00 am at the Helen Penfield foyer in front of deGrandpré Communications Centre. Light breakfast will be provided in the morning. There will be coffee breaks between presentations and lunch break (lunchbox provided) at noon. Monday will conclude with a wine and cheese at 17:00 at the foyer. Tuesday program will be followed by the Killam Lecture (not part of the workshop). We will ask you to fill out evaluation forms at the end of the day.

For Wednesday program, we will gather at the NW125 room for brief presentations on practical aspects of PET radiotracer production, which will be followed by a tour through the medical isotope production facility at the MNI where you will see a cyclotron and make a “dummy” run using radiochemistry module. Afternoon session will start at NW125 with the presentation on practical aspects of data acquisition, which will be followed by an interactive tour through the PET imaging facility at the MNI where you will lie in the PET scanner and acquire a “dummy” scan”. You will NOT be exposed to radioactivity at any time during the day.

Thursday will be dedicated to a hands-on tutorial of the PET data analysis tools. Registration starts at 8:30 at the Helen Penfield foyer and the training begins at 9:30 at deGrandpré Communications Centre. The goal of this tutorial is to give an overview of some of the tools used in PET analyses. The morning session will focus on basic Linux commands used in PET and the afternoon session will present an overview of tracer pharmacokinetic modeling, a key procedure in PET data analysis. You will be working on your computers to do all the analyses. A package with instructions for installation will be provided in May. The workshop should be finished on Thursday by 4pm. If interested, we will organize an informal discussion as a group.

McGill hotel program: [http://www.mcgill.ca/travelservices/accommodations/hotelprogram/listing](http://www.mcgill.ca/travelservices/accommodations/hotelprogram/listing), please mention McGill when booking a room. Montreal has a very good public transit system, so you may find other options along the bus or metro lines. Parking is very limited near the MNI.
“PET from A to Z” Comprehensive Workshop Information

Fees for the course are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Non-McGill</th>
<th>McGill</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday only</td>
<td>$150</td>
<td>$120</td>
<td>$75</td>
</tr>
<tr>
<td>Any two days</td>
<td>$600</td>
<td>$450</td>
<td>$300</td>
</tr>
<tr>
<td>Full 4-day course</td>
<td>$1000</td>
<td>$750</td>
<td>$500</td>
</tr>
</tbody>
</table>

Payment can be made by check, credit card or McGill FOAPAL.

**Checks should be made payable to:** McGill University, McConnell Brain Imaging Centre.
Send to:
Montreal Neurological Institute
McConnell Brain Imaging Centre
c/o Helene Day
3801 University St.
Montreal, QC H3A2B4

Please send proof of payment. This includes the check number and the date the check was sent.

**For payment by credit card:**

Call (514)398-6056 Monday-Friday, 08:00-16:00 EST
OR
Complete the Credit Card Authorization form on the last page and send to our secure fax at (514)398-2894
Credit Card Authorization Form

I hereby authorize McGill University to debit by credit card:

- [ ] Discover  - [ ] MasterCard
- [ ] VISA       - [ ] American Express

Account Number: ____________ / ____________ / ____________ / ____________

Expiration Date: ____________ / ____________  Security Code: ____________

Amount($) __________________________

Name on Card: __________________________

Reason: __________________________

Billing Address: __________________________

______________________________

Signature: __________________________

Date: __________________________