Purpose Statement
The current role of CT Colonography as related to colon imaging is significant to radiologists interested in developing and implementing CT Colonography into their practices. This workshop has been designed to demonstrate and teach “hands-on” techniques that will enable the participant to detect colorectal polyps at CT Colonography.

Target Audience
CT Colonography workshops have been designed for radiologists both in private practice and academic centers.

Description
One and one-half day workshops have been designed to review current aspects of colon cancer and colon cancer screening. The format for these courses is hands-on training using workstations loaded with approximately 25–40 “endoscopically-proven” data sets, chosen to include a mix of normals, abnormals and pitfalls. In addition to the hands-on experience, didactic lectures are included on patient preparation, data acquisition, current screening techniques, and how CT Colonography fits in with overall patient management.

Educational Objectives
At the conclusion of the workshop, participants should be able to:
• Identify the utility and potential limitations of virtual colonoscopy
• Discuss current screening techniques and how CT Colonography fits in
• More effectively use the workstations through the hands-on experience gained at the workshop

Accreditation Statement
The NYU Post-Graduate Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Credit Designation
The NYU Post-Graduate Medical School designates this educational activity for a maximum of 11.5 Category I credits toward the AMA Physician’s Recognition Award. Each physician should claim only those hours that he/she spent in the activity.

Disclosure Statement
The NYU Post-Graduate Medical School adheres to ACCME Standards regarding industry support of continuing medical education. Disclosure of any commercial relationships as well as discussion of off-label or investigational use of any drug, device, or procedure by the faculty will be made known at the symposium.

Workstations
One workstation will be provided for each attendee.
**CT Colonography**

**Program Information**

**April 22–23, 2005**

**Day #1**

- **7:45–8:30 a.m.** Registration and Continental Breakfast
- **8:30–9:00 a.m.** Rationale for Colorectal Screening and Current Options
- **9:00–9:30 a.m.** Virtual Colonoscopy: Patient Preparation
- **9:30–10:00 a.m.** Virtual Colonoscopy: Data Acquisition
- **10:00–10:45 a.m.** Coffee Break
- **10:45–11:00 a.m.** Virtual Colonoscopy: Data Interpretation
- **11:00–11:30 a.m.** Review of Workstation and Workstation Technique
- **11:30–12:30 p.m.** Review of Five Unknown Cases
- **12:30–1:30 p.m.** Lunch (included with tuition)
- **1:30–2:30 p.m.** Review of Unknown Cases
- **2:30–5:30 p.m.** Hands-on Review of Unknown Cases

**Day #2**

- **7:45–8:30 a.m.** Continental Breakfast
- **8:30–9:00 a.m.** Current Role of Virtual Colonoscopy
- **9:00–Noon** Review of Unknown Cases
- **Noon** Final Questions & Answers
- **12:15 p.m.** Program Evaluation and Adjournment

**Meeting Location**

The Raleigh Hotel
South Beach/Miami Beach, Florida
1775 Collins Avenue, Miami Beach, FL 33139
(www.raleighhotel.com)

We have selected the Raleigh Hotel in South Beach, Florida for this workshop. Rates are listed below.

It is important that hotel reservations are made no later than January 31st for this April workshop (as the block will be released to the public then).

**Hotel Reservations**

To book your hotel reservations, you must first be confirmed in the class by the NYU Radiology CME Office – you will be given a Registration Confirmation # once your registration form has been received and processed. Your confirmation will include a Hotel Reservation Form which you can use to book your hotel reservations at the Raleigh. Pre- and post-meeting dates are possible if you want to extend your stay in South Beach.

**April Rates and Policies**

- Ocean-Front King Rooms ($275)
- Sunset & Garden Views ($255)

All rooms are subject to state, local taxes (14%); a one-night deposit is required when booking reservation which is non-refundable if cancelled within two weeks before arrival date.

**Tuition Fees**

The course tuition fees for 2005 are **$1750** per attendee for each workshop and include two breakfasts, one lunch and breaks in addition to the educational program and use of one designated workstation per attendee. Discounted fees for NYU alumni, residents/fellows, retirees and overseas (including Canadian) physicians, military, V.A. employees are **$1500** per attendee and a letter of authorization or reason for the discount is required.

**Registration**

Due to the limited enrollment and the lengthy waiting list we have for these workshops, you will not be able to register online for this meeting. Please complete and fax the Registration Form to (212) 263-3959 and please be sure to include your email address and phone number so that a confirmation can be sent to you.

**In Case of Questions, Call:**

- Michelle Koplik, Program Coordinator, at (212) 263-3936 or
- Janice Ford-Benner, Director of Education, at (212) 263 3923.

**Cancellation Information**

If you need to cancel this meeting, a $75 service fee will apply if you cancel your registration 60+ days in advance. If you cancel your enrollment and we are able to fill your place with another physician, you will only be charged $75 administrative fee. However, if you cancel and we cannot re-book your place, you will be charged a $1500 cancellation fee. This is a high cancellation penalty due to the popularity of this topic and the limited number of enrollees possible.

**Special Needs**

The Post-Graduate Medical School of the New York University School of Medicine, in compliance with the legal requirements of the Americans with Disabilities Act, requests that any participant of this CME course who is in need of accommodations to submit written requests to our office at least one month prior to the course start date.

**Dietary Restrictions**

Please indicate any dietary restrictions on the registration form.

**Special Topics/Questions**

If there is a special topic or question that would help fulfill your educational needs, please submit it on the registration form.
NYU Department of Radiology

**Workshop Location:** The Raleigh • 1775 Collins Avenue • Miami Beach, Florida 33139

**April 22–23, 2005**

Fax to 212-263-3959

**Participant Information**

Please Print Clearly

- **Name:** ______________________________________________________
- **Address:** _____________________________________________________
- **City:** _______________________________________________________
- **State:** _______________________________________________________
- **Zip:** _________________________________________________________
- **Daytime Phone:** ______________________________________________
- **Fax:** _________________________________________________________
- **Email:** _______________________________________________________
  (required if you want to receive a confirmation receipt)
- **Degree:** _____________________________________________________
- **Specialty:** ____________________________________________________
- **Sub-Specialty:** ________________________________________________

**Course Preferences**

- □ Sign me up for the April 22–23 class.
- □ I cannot attend this date but send me future dates on this topic.

**Tuition and Fees**

- **Full Course:** $1750

  Fees include breakfasts, breaks and lunch on day 1. Course materials and one workstation per student will be provided for both days.

**Cancellation Terms**

The full tuition, minus a $75 service fee, will be refunded if another applicant is found to take the place. Otherwise, the entire tuition is non-refundable.

**Method of Payment**

- □ Check
  
  Made payable to "NYU Department of Radiology.”
  
  Please rush check to address below.
  
  Check # ________________________________

- □ Credit Card
  
  Card Member’s Name (print carefully) ________________________________
  
  Card # ________________________________
  
  Bill to: □ Visa □ Mastercard □ American Express
  
  Exp Date: (MM/YYYY) _____/__________
  
  Signature (required to process) _______________________________________

**Where to Mail**

Janice Ford-Benner
Director of Education
NYU Medical Center • Dept of Radiology
560 1st Avenue, HW-231
New York, NY  10016

In Case of Questions, Contact Janice Ford-Benner

E-mail janice.ford-benner@med.nyu.edu
Telephone (212) 263-3923
Fax (212) 263-3959

**Educational Needs**

If there is a specific question or topic relating to this course, please submit it on the registration form or on the website when registering online.

__________________________________________________________

__________________________________________________________

**Dietary Restrictions**

__________________________________________________________

__________________________________________________________

Do not book your flight or hotel reservations until you have a confirmation number from NYU.