



West Virginia University  
School of Medicine

ALUMNI WEEKEND 2009

23<sup>rd</sup> Annual

PAT A. TUCKWILLER MEMORIAL SEMINAR

October 24, 2009

Ramada Inn  
Morgantown, West Virginia

Presented by

West Virginia University School of Medicine Alumni  
Association and West Virginia University Health Sciences  
Office of Continuing Education

# Tuckwiller Seminar

## PRESENTERS

8:00 a.m. **Putting Stroke Trials into Practice: It's Time**  
John R. Marler, MD  
Medical Officer, Division of Neurology  
Products, CDER  
Food and Drug Administration  
Silver Spring, MD

At the conclusion of this presentation participants should be able to better understand how early interventions can more effectively prevent and treat stroke and vascular cognitive impairment to improve brain health.

9:00 a.m. **The Weak Patient: Muscling Your Way to a Diagnosis**  
Laurie Gutmann, MD  
Professor and CNP Fellowship Program Director  
Department of Neurology  
WVU School of Medicine, Morgantown, WV

At the conclusion of this presentation participants should be able to develop an approach for diagnosing patients with muscle weakness that is efficient, economical, and more accurate using clinical tools, genetics, and technology/pathology.

## Who Should Attend

This program is appropriate for physicians of all specialties.

## Registration

To join us for The 23rd Annual Pat A. Tuckwiller Memorial Seminar, please complete the attached registration form and return it by October 20, 2009, to the WVU Office of CE along with your payment (checks made payable to West Virginia University, Visa, MasterCard, Discover, American Express or Diners Club). Registrations received by October 20, 2009, will be confirmed in writing.

West Virginia University does not discriminate on the grounds of race, color, national origin, sex, sexual orientation, age, veteran status, religion, or handicap in the administration of any of its educational programs, activities, or with respect to admission and employment. Inquiries may be directed to the Executive Officer for Social Justice, 105 Stewart Hall, Office of the President, (304) 293-5496.

## Additional Information

For more information on this or other upcoming CE conferences, please contact the WVU Office of CE at (304) 293-3937, visit our website at [www.ce.wvu.edu](http://www.ce.wvu.edu), or e-mail [ce@wvu.edu](mailto:ce@wvu.edu). In case of an emergency during the conference, please call (304) 296-3431.

## Cancellations

If you are unable to attend the conference after you have registered, you must notify us in writing by October 20, 2009. No refunds for conference fees will be made after October 20, 2009. A \$25 fee will be charged for all cancelled registrations. We reserve the right to cancel individual sessions or the entire conference. In the event of a conference cancellation, a full tuition refund will be made.

## Course Credit

The West Virginia University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The WVU Office of CME designates this educational activity for a maximum of 2 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

## Disclosure

It is the policy of the WVU School of Medicine Office of Continuing Medical Education to ensure balance, independence, objectivity, and scientific rigor in all its educational activities. All faculty/authors/planners participating in our programs are expected to disclose any relevant relationships they may have with commercial companies. For this conference, all those in a position to control content of this program have indicated they have no significant interests to disclose.

# Tuckwiller Seminar

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## Registration Form

### The 23rd Annual Pat A. Tuckwiller Memorial Seminar

October 24, 2009

**Registration is requested by October 20, 2009. Registrations received by October 20, 2009 will be confirmed in writing.**  
(Please print or type; photocopy for additional registrants)

**Name:** \_\_\_\_\_ Degree: (MD, RN, etc.) \_\_\_\_\_  
(as it should appear on your nametag, certificate and participant listing)

Professional License Number: \_\_\_\_\_ Primary State of Licensure: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Course Fees

Be sure to register before October 20 to receive your early registration discount.

	<b>Before Oct 20</b>	<b>After Oct 20</b>
Tuition	\$45	\$55
TOTAL ENCLOSED	\$_____	

- Check made payable to West Virginia University  
 Credit card payment:  Visa  MasterCard  
 Diners Club  Discover  American Express

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

(The CVV code appears as three or four characters printed on the reverse side of the card on the signature panel following the account number.)

Cardholder Name: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

Cardholder Full Billing Address: \_\_\_\_\_  
\_\_\_\_\_

### Mail this registration form and payment to:

West Virginia University  
c/o HSC Office of Continuing Education  
5302 Health Sciences South  
P.O. Box 9080 - PAT  
Morgantown, WV 26506-9080

Or fax to (304) 293-8652

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