

The National Capital and Northern Virginia Chapters of the American Society of Safety Engineers and the Potomac Section of the American Industrial Hygiene Association present a



PROFESSIONAL DEVELOPMENT CONFERENCE ON



“Tiny Threats” – Responses to Bioagents and Nanotechnology

Tuesday, November 20, 2007

The Holiday Inn/Crowne Plaza, Tysons Corner, VA

Check-in/Registration will open at 7:30 a.m.

Conference will begin promptly at 8:30 a.m. and conclude at 5:00 p.m.

Breakfast, breaks and lunch included in conference fees.

PROGRAM*

- Overview of Characteristics of Nanotechnology
- Legal/Regulatory implications associated with Nanotechnology – Domestic & International
- New Technologies in Labs & Equipment – (Sampling & Analysis etc.)
- Biosafety for the Non-Biosafety Professional
- Nanoparticle Health Concerns and Safety Measures

Key Note Speaker: Dr. Roger Breeze

Former Director of Plum Island and USDA South Atlantic Area

*Topics and speakers subject to change

FOR MORE DETAILS CHECK OUT OUR WEBSITES

www.ncc.asse.org www.nova.asse.org www.aiha.org/localsections/html/potche/potohome.htm

A certificate of attendance will be awarded which can be used for COC's, CM points or CEU's.

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|------------|--------------|-----------------|--|--------------|
| Questions: | ASSE-NCC | Mike Kerns | mkerns@sscw.com | 202-454-5982 |
| | ASSE-NOVA | Dave Wenzel | dwenzel@pwcgov.org | 571-238-0616 |
| | AIHA-Potomac | Sheila McCarthy | smccarthy@exponent.com | 571-227-7216 |

TO REGISTER: Mail or Fax Completed Form To:

| | | | |
|-------------------------|------------------------|--|----------------------------|
| Mail to: | AIHA – Potomac Section | Fax (<u>credit card only</u>) information to: | 240-465-0362 (secure line) |
| (checks or credit card) | 337 Little Quarry Road | | |
| | Gaithersburg, MD 20878 | | |

Make checks payable to “AIHA - Potomac” (Do Not Send Cash)

Amount enclosed: ASSE/AIHA member on or before 11/1/07 \$100 after 11/1/07 \$125**

Non-member fee on or before 11/1/07 \$125 after 11/1/07 \$150**

Registrants name (as you would like on your name tag): _____

Organization/Company name: _____

Credit Card Number: _____

Name on Card _____ Signature _____

Phone: _____ email: _____

Type of Card: Visa _____ Mastercard _____ Expiration Date: _____ Billing zip code: _____
(note charge will reference K & A First Aid) Please complete a separate registration for each participant **nonrefundable