



Northern California Association of Reproductive Biologists

AGENDA

18:00 - 18:30 - Cocktail Hour

19:00 - Welcoming remarks by Phil, and Dr. Hinckley

20:00 - 22:00 - Seated Dinner & Lecture

MEETING INFORMATION (ABB/AAB/CEU)

Title of program: "Facing the challenges of mosaicism by Dr. Mandy Katz-Jaffe, PhD"

Date of program: Friday, December 3rd, 2018

Location of program: la mar SF | pier 1 1/2 The Embarcadero,
San Francisco, CA 94105

Program sponsor: Northern California Association of Reproductive Biologists

Number of hours in attendance: 1.0 hour (20:00 – 21:00)

Mission Statement

"The purpose of NCARB is to promote the study of reproductive biology, to offer a forum for scientists associated with reproductive biology to exchange ideas, concerns and experiences and to support research in reproductive biology."

Northern California Association of Reproductive Biologists is a 501(c)(3) not-for-profit organization

<https://www.norcalncarb.org/>

CONTINUING EDUCATION RECORDING FORM FOR PROGRAMS NOT PRE-APPROVED BY PEER (American Board of Bioanalysis)

PRESS HARD - you are making 2 copies. Be sure to attach a certificate verifying your attendance and a program brochure or outline.

1. YOUR NAME	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">PRINT LAST NAME</td> <td style="width: 30%; border-bottom: 1px solid black;">PRINT FIRST NAME</td> <td style="width: 10%; border-bottom: 1px solid black;">M.I.</td> </tr> </table>		PRINT LAST NAME	PRINT FIRST NAME	M.I.																		
PRINT LAST NAME	PRINT FIRST NAME	M.I.																					
2. YOUR MAILING ADDRESS	NUMBER AND STREET																						
	Is this a change? Yes <input type="checkbox"/> No <input type="checkbox"/>																						
	NUMBER AND STREET (cont'd) OR OTHER THAN U.S.A. CITY AND PROVINCE																						
	U.S.A. CITY OR COUNTY	STATE																					
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3. TELEPHONE □□□-□□□-□□□□ (AREA)	4. AAB/ABB IDENT.# _____																						
6. TYPE OF PROGRAM (CHECK ONE)	<input type="checkbox"/> A1: Lecture, seminar, workshop, symposium <input type="checkbox"/> A2: Teleconference, videotape, audiotape <input type="checkbox"/> A3: Self-study <input type="checkbox"/> A4: Formal, academic credit (college or university course) <input type="checkbox"/> A5: Presentation of scientific seminar or workshop																						
	5. ✓ CHECK AS APPLICABLE DEGREE Ph. D. _____ M. D. _____ Dr. PH _____ Other _____ CERTIFICATION MT (AAB) _____ MLT (AAB) _____ POLT (AAB) _____ BCLD (ABB) _____ HCLD (ABB) _____ ELD (ABB) _____ TS (ABB) _____ Other _____																						
7. TITLE OF PROGRAM	Facing the challenges of mosaicism by Dr. Mandy Katz-Jaffe, PhD																						
8. DATE OF PROGRAM (First and last day)	Use Numerals Only <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Mo</td> <td style="border: 1px solid black; padding: 2px;">Day</td> <td style="border: 1px solid black; padding: 2px;">Year</td> <td style="padding: 0 5px;">to</td> <td style="border: 1px solid black; padding: 2px;">Mo</td> <td style="border: 1px solid black; padding: 2px;">Day</td> <td style="border: 1px solid black; padding: 2px;">Year</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">03</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">03</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">18</td> <td></td> <td colspan="2"></td> <td style="text-align: center;">18</td> </tr> </table>	Mo	Day	Year	to	Mo	Day	Year	1	2	03		1	2	03			18				18	10. LOCATION OF PROGRAM (city and state) San Francisco CA
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9. PROGRAM SPONSOR	Northern California Association of Reproductive Biologists - NCARB																						
FOR PROGRAM OFFICIAL																							
I verify the attendance of the above-named individual at this program.																							
Philip Marsh																							
<i>Signature of program official</i>																							
NCARB President <i>Philip Marsh</i>																							
<i>Title (print)</i>																							
Number of hours in attendance: <u>1 hour</u>																							
FOR OFFICE USE ONLY																							
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