

14. Meeting of the Society of Hair Testing 2009

HAIR TESTING VERSUS TESTING IN OTHER NON INVASIVE BIOLOGICAL MATRICES

Roma, 14-16 June 2009

<http://www.soht.org/pdf>

- Location of the Meeting** Aula Pocchiari
Istituto Superiore di Sanità
V.le Regina Elena, 299
00161 Rome
- Sunday 14 June 2009** Arrivals and accommodations
(around 12-13 social tour, 3-4 hours max). Night in a Pizzeria!
- Monday 15 June 2009**
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| 09.00 | Opening |
| 09.30 | Plenary Lecture: S. D. Freeara Non-invasive biological matrices and forensic evidence |
| 10.00 | Session: Hair Testing in Forensic Toxicology. Oral presentations. |
| 10.45 | Coffee break and poster session |
| 11.20 | Oral presentations on novel methodologies of hair testing for drugs of abuse |
| 13.00 | Lunch |
| 14.00 | Discussion with the speakers and experts regarding problems most commonly encountered in hair testing and doubts among applications and data interpretations. |
| 15.00 | Session: Expansion of Drug Profiles in Alternative Matrices. Oral presentations |
| 16.30 | Business Meeting |
- Tuesday 16 June:**
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| 09.00 | Plenary Lecture: P. Kintz, Hair Testing in Clinical Pharmacology. Interpretation of hair findings in children after methadone poisoning |
| 9.30 | Session: Hair testing in clinical pharmaco-toxicology. Oral presentations |
| 10.30 | Coffee break |
| 11.00 | Plenary Lecture: F. Pragst, Combined use of FAEEs and EtG in hair for diagnosis of chronic excessive alcohol consumption. Interpretation and Advantages. |
| 11.30 | Session: Alcohol markers in hair. Oral presentations |
| 12.50 | Discussion of the Consensus of Society of hair testing on hair testing for chronic excessive alcohol consumption |
| 13.30 | Lunch |
| 14.30 | Plenary Lecture of S. Pichini on Drug testing in other alternative biological matrices |
| 15.00 | Session: Testing in other alternative biological matrices. Oral presentations |
| 16.00 | Conclusions and announcement of awards for the best oral and poster presentations |
- Accommodation.** Hotel accommodations are not included in the registration fee. Rooms have been reserved under the name of SoHT congress 2009 at different hotels near the Istituto Superiore di Sanità (from the nearest to the farthest):
- Hotel Globus (~€ 99 single room, ~€ 112-135 double room) www.globushotelrome.it ; Viale Ippocrate, 119, 00161 Roma (RM), Italy, tel:+39064457001, fax: +39064457001
 - Hotel delle Province (~€ 139 single room, ~€ 159 double room) www.hoteldelleprovince.it; Viale Delle Province, 103 00162 Roma (RM), Italy, tel+39 0645470120; fax +390644292606
 - Hotel Laurentia (~€ 110 single room, ~€ 145 double room,) www.hotellaurentia.it; Largo degli Osci, 00185 Roma (RM), Italy, tel: +39 06 4450218; fax +39064453821
 - Hotel Ateneo Garden Palace (~€ 140 single room, ~€ 205 double room,) www.ateneorome.com; Via Dei Salentini , 00185 Roma (RM), Italy, tel: +39064440042 ; fax +39064443621
 - Hotel Villa Torlonia (~€ 109 single room, ~€ 129 double room) www.villa-torlonia-roma-city.com; Via Eustachio Bartolomeo 5, 00161 Roma (RM), Italy, Tel:+39064403438; fax +39064402637



Meeting of the Society of Hair Testing

Rome (IT), June 14-16 2009

Registration Form (Deadline for Registration March 31, 2009):

Name and Surname: _____

Institution and Address: _____

ZIP: _____ City: _____ Country: _____

Tel: _____ Fax: _____ e-mail: _____

Accompanying person(s): Name and Surname: _____

Registration Fees (please tick the appropriate ones)

Registration includes		On or before March 31, 2009	After March 31, 2009
Welcome reception Gala dinner 2 working days 2 lunches	Member	250 Euros	270 Euros
	Non-member	270 Euros	290 Euros
	Students (requiring letter from supervisor)	120 Euros	120 Euros
Welcome reception Gala dinner	Accompanying Person	80 Euros	100 Euros

Payment:

I enclose a copy of a **bank transfer** of Euros in the amount of: _____

Account name: Society of Hair Testing
 Bank: Stadtparkasse München
 Account number: 31241011
 Bank code: 701 500 00
 IBAN: DE51 7015 0000 0031 2410 11
 BIC: SSKMDEMM

Authorize **credit card charges**: < VISA < MasterCard

Amount to charge in Euros: _____

Name of Cardholder: _____

Card No: _____ Safety code: _____ Exp. Date: _____

Signature: _____ Date: _____

TO BE SENT BY MAIL OR FAX TO:

Dr. Michael Uhl, Bayerisches Landeskriminalamt, Maillingerstr. 15, D-80636 München (Germany).

FAX: ++49 89 1212 3223; Tel: ++ 49 89 1212 1201 ; email: michael.uhl@polizei.bayern.de