

# Professional Development Registration Form

## Advanced Microarray Data Analysis



**COURSE DATE** \_\_\_\_\_

(course dates can be found at [www.jcvi.org/ProDev](http://www.jcvi.org/ProDev))

**CONTACT INFORMATION** (please print clearly)

First Name	M. I.	Last Name	Badge Name
Title	Department	Company/University	
Daytime Phone Number	Fax Number	Email Address	
Mailing Address	City	State	Zip Code

### COURSE DESCRIPTION

Advanced Microarray Data Analysis will be held on the JCVI campus. This course will cover advanced data analysis techniques that are appropriate for the two-dye spotted microarray platform. The content is designed for those with experience in microarray data analysis; prior participation in either the PFGRC's Introduction to Microarray Data Analysis or Introduction to Microarray Technology course (or their equivalent) is required. Lectures, hands-on bioinformatics sessions, and group discussions will be combined to effectively cover a wide range of topics.

Course topics include the characterization of microarray data, gene expression normalization strategies, CGH-specific analysis considerations and approaches, advanced data mining algorithms and statistical techniques. The course will conclude with a data analysis workshop session where students will apply a variety of advanced analysis strategies while working with a published microarray dataset. The open-source TM4 software suite will be used extensively throughout the course; CDs containing the TM4 suite as well as all course materials and datasets will be distributed.

The course will be provided free of charge. Attendees will be responsible for their travel and lodging. This advanced course is one of several offered by the PFGRC on a variety of functional genomics topics. Attendance will be limited to 16 participants.

### COURSE REGISTRATION

Selected participants will be notified by e-mail. There are no registration or course fees, but participants are expected to provide their own transportation and lodging. Confirmation letters will be sent to the selected participants; these letters will include directions and a list of suggested hotels convenient to the JCVI campus.

**Please print this form and fax to 301-795-7055 or mail both pages to:**

Lisa A. McDonald, MBA  
Education Director  
J. Craig Venter Institute  
9704 Medical Center Drive  
Rockville, MD 20850  
Phone: 301-795-7394

## J. CRAIG VENTER INSTITUTE (JCVI), WAIVER AND RELEASE OF LIABILITY AGREEMENT

**1. Voluntary Participation.** I acknowledge that I have voluntarily agreed to participate in trainings, meetings, and/or activities ("JCVI Event") to be conducted in the scientific laboratories and/or facilities at the Rockville, Maryland site of J. Craig Venter Institute. I understand that the nature of the JCVI event may involve the use and/or handling of sensitive scientific equipment, and/or JCVI computers.

**2. Identification of Risks.** I acknowledge that participation in any JCVI Event may involve risk of injury, property damage, and other losses to me and my property. I understand that these injuries and losses may result from my actions or the actions, inactions, or negligence of others.

**3. Photographic Likeness.** I agree to allow JCVI to take and utilize photographs and/or video images of me for the purposes of promotion, illustration, advertising, and publicizing of the JCVI Event.

**4. Assumption of Risk.** I agree to follow all directions and instructions from JCVI personnel/employees during the course of any JCVI Event. I agree that I am responsible for my safety while participating in the JCVI Event. I agree to use JCVI's computers, if necessary, in full compliance with all applicable federal, state, and local laws including but not limited to export control regulations. I agree not to use JCVI's computers for the transmission of material that is defamatory, offensive, abusive, obscene, or threatening. If participation in any JCVI Event and/or use of JCVI's computers involves the risk of injury to me and/or my property, I understand that the injuries and losses might result not only from my actions, but the actions, inactions, or negligence of others. I agree to accept any and all risks of injury or loss associated with my participation in the JCVI Event, including the use of JCVI's computers.

**5. Waiver and Release.** As consideration for being permitted by JCVI to participate in the JCVI Event and to use facilities and equipment furnished by JCVI, I agree that my heirs, assigns, relatives and next of kin, beneficiaries, guardians, representatives and I hereby waive, release, and hold harmless JCVI and its affiliated organizations and their officers, directors, employees, agents, and contractors ("Released Parties") from all actions, claims, or demands that I, my heirs, relatives and next of kin, beneficiaries, guardians, representatives now have or may hereafter have for injuries, losses, damages, liabilities, judgments, costs and reasonable attorneys' fees and expenses of any kind or nature arising from or related to my participation in the JCVI Event, including the use of photographs and/or video images of me and/or the use of JCVI computers, except where caused by the gross negligence or willful or wanton misconduct of the Released Parties.

I acknowledge that all parties herein and otherwise are materially relying on this waiver and are allowing me to engage in the JCVI Event.

**6. Refusal of Admittance.** As a participant in the JCVI Event, I agree that JCVI has the absolute right to refuse me admittance to the JCVI Event or to ask me to leave the scientific laboratories and/or facilities of JCVI at any time for any reason, at JCVI's sole discretion.

**7. Applicable Law.** This waiver and release is formed under and is to be interpreted consistent with the laws of the State of Maryland.

I hereby acknowledge that I carefully read this waiver and release and fully understand its contents. I am aware that this waiver and release includes an assumption of the risk and releases the Released Parties from liability. I am signing this document of my own free will and hereby indicate my understanding and consent by signing below.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Date

Please print this form and fax 301-795-7055 or mail to:

J. Craig Venter Institute | Education and Training | 9704 Medical Center Drive | Rockville, MD 20850

### QUESTIONS?

Phone: 301-795-7394

Email: [training@jcvl.org](mailto:training@jcvl.org)