



Department of Anatomy and Comparative Pathology
<http://www.um.es/anatvet/ingles/plastination-courses.php>

XIth POSTGRADUATE COURSE
SILICONE PLASTINATION TECHNIQUE
Technique S-10

December 13-14th, 2011
Veterinary Faculty, University of Murcia
Campus de Espinardo, 30100
Murcia, Spain

PRELIMINARY PROGRAM

Tuesday 13th December

- 09:00 Welcome (Sala de Grados, Veterinary Faculty)
- 09:15 **Introduction to plastination**. Main steps in the plastination techniques
- 09:45 S-10 Technique. Protocol and applications
- 10:15 Coffee
- 10:30 Practice session in the plastination lab
- 13:15 Lunch.
- 14:30 S-10 Technique: **Fixation** and **dehydration**
- 15:30 Coffee
- 15:45 Practice session in the plastination lab
- 18:00 Questions and discussion

Wednesday 14th December

- 09:00 S-10 Technique: **Polymer impregnation**
- 10:00 Coffee
- 10:15 Practice session in the plastination lab
- 13:15 Lunch
- 14:30 S-10 Technique: **Polymerization**
- 15:30 Coffee
- 15:45 Practice session in the plastination lab
- 17:30 Applications of plastinated specimens
- 18:00 Course Evaluation

ORGANIZATION:

UNIVERSITY OF MURCIA, Department of Anatomy and Comparative Pathology

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TEACHERS:

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D. Ricardo Sarriá Cabrera

D. Mariano Orenes Hernández

D. José Albarracín López

Dr. Francisco Gil Cano

Dr. Gregorio Ramírez Zarzosa

Dr. José María Vázquez Autón

Dr. Francisco Martínez. Gomaríz

Dr. Cayetano Sánchez Collado

D. Juan Ros Sempere

D. Daniel Rojo Ríos

REGISTRATION FEES:

Before November the 1st: 400€

After November the 1st: 500€

Course fees include material, coffee breaks, lunches at the Faculty and a dinner in down town.

Bank account details for payment will be given after having received the registration form.

LIMITED AVAILABILITY, the course will be confirmed on a first come first serve basis.



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REGISTRATION FORM

*(Please print, fulfil in capital letters and send a copy of this form to:
Octavio López Albers, Veterinary Anatomy, University of Murcia, Spain,
Fax: 34-868 88 41 47 or E-mail: albers@um.es)*

FIRST NAME _____
LAST NAME _____
TITLE: _____ JOB TITLE: _____
COMPANY _____
DEPARTMENT _____
ADDRESS _____

ZIP CODE _____ CITY _____
STATE/PROVINCE _____ COUNTRY _____
PHONE _____ Fax _____ e-MAIL _____
PASSPORT NUMBER or ID (we need this to process your registration)

Signature:.....