





SETTING A COURSE FOR TREATMENT SUCCESS

you are invited to attend



A Schering Consultants Program

HCV LEADERS SEMINAR

SETTING A COURSE FOR TREATMENT SUCCESS



Schering-Plough Research Institute



Schering-Plough Research Institute

Schering Hepatitis Innovations

has acknowledged your leadership in the field of liver disease and would like to offer you the unique opportunity to discuss and debate Schering's pioneering hepatitis treatments. For the first time, you will be able to share your viewpoints and experience with the top researchers at Schering-Plough, as well as your colleagues from across the country. This program will prove to be one of the most innovative and interactive of the year.

The meeting is designed to obtain your recommendations and advice regarding current treatment strategies and research issues in the field of hepatitis C. Your opinions and knowledge are critical for a successful program. Please join the Schering-Plough Research Institute and other recognized faculty in New Jersey, April 4-6 to help set a course for treatment success.

Program and Faculty:

THURSDAY, APRIL 4 - Hilton Short Hills

Welcome Reception

FRIDAY, APRIL 5 - Schering-Plough Research Institute

Research Issues: Meeting and Discussion Studies on PEG-Intron/Rebetol Treatment Statistical Analysis of the PEG-Intron/Rebetol Data Safety Analysis/Pharmacokinetics Advisement to Schering - Research and Analysis

Tour of Schering-Plough Research Institute

Jan Albrecht, MD

Vice President, Hepatology and Gastroenterology Worldwide Clinical Development and Clinical Operations Schering-Plough Research Institute KENILWORTH, NEW JERSEY

Jean-Jacques Garaud, MD

Executive Vice-President Worldwide Clinical Research and Clinical Operations Schering-Plough Research Institute KENILWORTH, NEW JERSEY

SATURDAY, APRIL 6 - HILTON SHORT HILLS

Treatment Issues: Meeting and Discussion Practice Perspective on Treatment

Breakout Sessions

- Weight-based Dosing of PEG-Intron Optimizing Patient Care
- Pharmacokinetic Rationale
- Expediency vs. Accuracy Barriers to Acceptance

Breakout Overview and Advisement to Schering

Presentation Issues Speaker Training Workshop

Ira Jacobson, MD

Professor of Clinical Medicine Chief, Division of Gastroenterology and Hepatology Weill Medical College Cornell UNIVERSITY, New York

Willis Maddrey, MD

Professor of Internal Medicine Executive Vice President, Clinical Affairs University of Texas - Southwestern Medical Center DALLAS, TEXAS

John McHutchison, MD

Ken Koury, PhD.

Director of Statistics

KENILWORTH, NEW JERSEY

Mark Laughlin, MD

KENILWORTH, NEW JERSEY

Schering-Plough Research Institute

Director of Clinical Pharmacology Schering-Plough Research Institute

Medical Director, Liver Transplantation Division of Gastroenterology/Hepatology Scripps Clinic and Research Foundation La Jolla, California

Eugene Schiff, MD

Professor of Medicine Chief, Division of Hepatology Director, Center for Liver Diseases University of Miami - School of Medicine MIAMI, FLORIDA Schering. HEPATITIS

Schering Oncology/Biotech HCV Consultants Meeting Hilton Short Hills - Short Hills, New Jersey

SCHERING REGISTRATION FORM

April 4-6, 2002

Please complete and fax this registration form to 201.433.9393, no later than March 1, 2002.

itle:		Affiliation:		
ddress:				
City:		State:	Zip Code:	
hone:	Fax:		E-Mail:	
uest Name:				

AIR TRAVEL INFORMATION: (All flights arrive into Newark International Airport - Newark, NJ)

The meeting will begin with a Welcome Reception on Thursday evening, April 4, 2002.

Please plan on arriving in Newark no later than 4:00 pm for the reception.

- Departures may be scheduled for after 4:00 pm on Saturday, April 6, 2002.
- One Coach Class Airline ticket will be issued. Any deviations or extensions will be at your own expense.

I would like to depart from(HOME AIRPOL		on	at	am/pm.			
(HOME AIRPOI	RT)	(DATE)	(TIME)				
I will return to: (HOME AIRPORT)	on	at		am/pm.			
(HOME AIRPORT)	(DATE)	(time)	•			
Seating Preference: AISLE WINDO	W	Spouse/Guest P	reference:	AISLE WINDOW			
Preferred Airline: Spouse/Guest Preferred Airline:							
FREQUENT FLYER #			SPOUSE / GUES	T FREQUENT FLYER #			
HOTEL INFORMATION/GUEST ROOM REQUESTS:							
Smoking Non-Smoking	ПК	ing/Queen Bed	Two Double	Beds			
Special Requests (Dietary, Medical, etc.):							
CREDIT CARD INFORMATION:							

CARD NUMBER

EXPIRATION DATE

Type of Card: AM EX MC VISA

QUESTIONS

Signature:

REGARDING LOGISTICS CONTACT: ASHLEY KINLEY@ (201) 433-9400 x272 AIR TRAVEL: SCHERING TRAVEL @ (888) 649-1135, prompt 4 Schering Travel Reference #64899

> PLEASE FAX THIS FORM NO LATER THAN March 1, 2002 TO: (201) 433 – 9393 ATTENTION: ASHLEY KINLEY