

W. ALTON JONES CELL SCIENCE CENTER

Letter of Recommendation

To the Applicant: This form should be given to a person who is able to comment on your qualifications and/or need for the training requested. In the case of a graduate student this must include your major advisor and/or the chairman of your department.

Your Name: Robert A. Conard, M. D.

Medical Department

Your Address: Brookhaven National Laboratory, Upton, L.I., New York 11973

Course for which you are applying: Cell Culture for the Study of Cellular Aging.

Name of sponsor who will complete this form: Eugene P. Cronkite, M. D.

Chairman

Medical Department

(title)

(Institution)

Brookhaven National Laboratory

To the Sponsor: Please evaluate this candidate in terms of ability, scientific training, motivation, likelihood of using the training for productive investigation or teaching, and effectiveness in group activities. Use back of this form if needed.

Dr. Conard is a seasoned investigator very much concerned with the question of aging in irradiated human populations. He has had considerable experience in culture of human lymphocytes, their transformation by PHA, the production of radioactive PHA and would substantially profit by participation in the course on Cell Culture for the Study of Cellular Aging. He is responsible for the study of the Marshallese exposed to fallout radiation and has already initiated the study of these individuals for accelerated aging. I am confident that participation in the above course would better fit him to study this important aspect in this irradiated human population. There is no doubt that this training would be used for productive and necessary investigation of this and other exposed human populations. He is an Adjunct Professor, State University of New York, Health Sciences Center, Stony Brook, N. Y. and will participate in the teaching program between this Department and Stony Brook.

REPOSITORY Brookhaven National Lab
 COLLECTION MEDICAL DEPT RECORDS / E.P. CRONKITE FILES
 BOX No. NA
 FOLDER "CONARD, R.A."

5052319

CONFIDENTIAL: Please mail to Dr. Donald J. Merchant, Director,

W. Alton Jones Cell Science Center, P.O.Box 631, Lake Placid, New York 12946

December 2, 1970

Enclosed you will find the material you requested concerning courses to be offered at the W. Alton Jones Cell Science Center in 1971. Also enclosed is an application form and three (3) copies of a form to use for letters of recommendation.

Currently, we anticipate that tuition costs will be at the rate of \$200.00/week. The tuition for the plant and animal cell culture courses thus would be \$800.00.

Further details of tuition, housing, transportation, and other arrangements will be available by the time selection of participants has been completed.

Information concerning the organ culture course to be offered September 27 - October 8 will be available in the near future.

For further information, write to:

Dr. Donald J. Merchant, Director
W. Alton Jones Cell Science Center
P. O. Box 631
Lake Placid, New York 12946

DJM/esc

Dr. Merchant

5052320

December 2, 1970

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cc: Dr. Auman

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