



New Jersey Agricultural
Experiment Station



Resistance Management in Mosquito Control

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Center for Vector Biology

School of Environmental and Biological Sciences

Event AE0601 / Sub-Event AE0601CD10

This workshop is sponsored by the New Jersey Mosquito Control Association and will be FREE for NJMCA members in good standing.

Date(s): October 20th & 21st, 2010

Time: Wednesday 9:30 AM – 2:30 PM, Thursday 10:00-1:00

Place: Headlee Labs, D. M. Jobbins Conference Room 180 Jones Ave. New Brunswick, NJ

Registration fee: \$35.00 (Covers lunch & supplies for both days)

Why participate in this training: Monitoring insecticide resistance is an important component of truly integrated pest management programs. The larval bioassay technique(s) demonstrated in this course are simple and relatively inexpensive to perform.

Topics covered include: Rationale, mechanisms involved, materials needed, safe lab practices, micropipetting basics, making stock solutions and serial dilutions, handling controls, running the assay, interpreting data.

Goal: To provide hands-on training that will aid mosquito control programs in monitoring insecticide resistance in a consistent and comparable manner. Reliable data obtained in this fashion can be shared with neighboring programs, the New Jersey Agricultural Experiment Station, state, and federal agencies.

A certificate will be provided to each participant who successfully completes the training.
Seating is limited (20 students) and will be assigned on a first-come basis.

TO REGISTER:

By Mail: Send check, money order or purchase order (payable to Rutgers, The State University of NJ) to: **Office of Continuing Professional Education, Cook College, 102 Ryders Lane, New Brunswick, NJ 08901-8519** Attn: Scott Crans

By FAX: (732) 932 8726, 24 hours. Please include a copy of check, money order or PO with fax registrations.



Resistance Management in Mosquito Control

Workshop cost: \$35.00

(All necessary materials, including lunch, will be provided for each participant)

REGISTRATION FORM

Name:	NJMCA Member Y/N	Rate:	Subtotal:
Total Due:			

Total Fee Enclosed: \$ _____

Employer: _____

Address: _____

Phone #: _____

Fax #: _____

Email: _____

Please make checks payable to: Rutgers, The State University of NJ