

ANATOMICAL BASIS FOR WRIST RECONSTRUCTIVE SURGERY

Open and Arthroscopic Surgery on Anatomical Specimens

6th Advanced Wrist Surgery Course of the Italian Society for Surgery of the Hand
in Collaboration with EWAS European Wrist Arthroscopic Society
3rd European Course



September 3-4 2010 Barcelona (Spain)
Universitat de Barcelona Facultat de Medicina



UNIVERSITAT DE BARCELONA



Direttore: Prof. M. Monzo

Now Open
to
Physical Therapists

FACULTY

- A. Atzei
Verona - Italy
- P.P. Borelli
Brescia - Italy
- M. Garcia Elias
Barcelona - Spain
- M. LLusa
Barcelona - Spain
- R. Luchetti
Rimini/Milano - Italy
- F. Nienstedt
Merano - Italy
- F. Del Pinal
Santander - Spain
- R. Zimmermann
Innsbruck - Austria

TOPICS

CARPAL INSTABILITY
Surgical Anatomy
Open & Arthroscopic Approaches
SL Repair & Reconstruction
Treatment of SLAC wrist
Arthroplasty (including 1st CMC & STT)

TFCC & DRUJ
Surgical Anatomy
Open & Arthroscopic Approaches
Repair of TFCC & DRUJ Instability
DRUJ Arthroplasty

DISTAL RADIUS
Surgical Anatomy & Approaches
Palmar Plating

ORGANIZING COMMITTEE

Dr. Andrea Atzei
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Prof. Manel Llusa
Professor of the Anatomy Department
Medical School,
Barcelona University
E-mail: llusa@medicina.ub.es

ORGANIZING SECRETARY



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www.mvcongressi.it

GENERAL INFORMATION

COURSE LOCATION: Universitat de Barcelona - Facultat de Medicina - Barcelona (E)

OFFICIAL LANGUAGE: Official language of the conference will be English.

REGISTRATION: Registration is required for all participants. Please contact by mail the organizing Secretariat

Anatomical Basis for Wrist Reconstructive Surgery
Open and Arthroscopic Surgery on Anatomical Specimens
Barcelona (E) September 3-4, 2010

Please return to the Organizing Secretariat (e-mail or fax)
Medicina Viva, Via Marchesi 26D - 43126 Parma, Italy
Tel. ++39 0521 290191 - Fax ++39 0521 291314 r.olivieri@mvcongressi.it

A) REGISTRATION FORM (PHYSICAL THERAPIST)

Surname _____ Name _____

Address _____

Place of Birth _____ Date of Birth _____

Zip code _____ City/ _____ Country _____

Phone _____ Mobil phone _____

Fax _____ E mail _____

Fiscal Code, for Italian Participants only _____

Registration Fee (PHYSICAL THERAPIST) € 280,00

The registration fee covers: attendance of all scientific sessions, course booklet, certificate of attendance, coffee-breaks and lunch.

According to the art. 13 Law 196/03: Medicina Viva Servizio Congressi S.p.a. is entitled to use the data you supplied in order to mail scientific and informative material. Whenever you wish, you are entitled to modify or cancel your data or simply object to using them by writing to: MEDICINA VIVA, Servizio Congressi Spa Via Marchesi 26D, I - 43126 Parma or sending an e-mail at info@mvcongressi.it

B) HOTEL BOOKING FORM.

Hotel EVENIA ROSSELLO' - c/ Rossellò, 191 - Barcelona (www.eveniahotels.com.) Hotel is near congress venue

Please reserve for me N. _____ Double room single use € 160,00 (Bed and breakfast, VAT and taxes included) for each room/night. arrival date _____ departure date _____

Bed and breakfast, VAT and taxes included.

Please send the total amount for each room reserved.

TERMS FOR RESERVATION/ Modalità di Prenotazione

*Please complete the enclosed reservation form and send it with the corresponding deposit, to the Organizing Secretariat Medicina Viva. **Telephone reservations cannot be accepted. Reservations cannot be confirmed until the total amount is received.** A voucher containing all reservation data, will be sent on receipt of the appropriate hotel deposit.*

TERMS OF PAYMENT / Modalità di Pagamento

No refund will be provided for cancellation/ Non è previsto il rimborso della Quota d'iscrizione e del deposito hotel per rinuncia

A) Registration Fee € 1.300,00

B) Hotel booking n. room _____ x n. _____ nights x € _____ € _____

+ € 15,00 fee for each room € _____ 15,00

I ENCLOSE (A+B+Fee) TOTAL € _____

Bank transfer (free of charge for the beneficiary) to the following account

Medicina Viva Servizio Congressi

Bank: CARISBO Filiale "Parco Ducale Parma (Italy)

IBAN: IT 40 V 06385 12701 07401840369H Swift/Bic IBSPIT2B

(Course Barcelona September - code 1100)

CREDIT CARD VISA Carta Si Mastercard (no accepted other card and Visa ELECTRON)

n° Carta (16 number)

EXP **CVV/CVC code** (3 number "at the back credit card")

INVOICING DETAILS

Invoices for Public Institutions require a letter of authorization signed by the relevant representative of the Institution.

Company Name _____

Address _____

Zip code _____ City _____ Country _____

Fiscal Code _____

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Date _____ - Signature _____