June 12-14, 2011 - Udine, Italy

Course Description: We are pleased to announce the edition of our course entitled Recent Advances in Oncologic Surgical Pathology, the course is organized by the Department of Anatomic Pathology - Ospedale Civile Udine - Friuli - Italy - and sponsored by EUROCLONE and ACZON.

The general objective of the course is to provide participants with knowledge of recent advances in the field of clinical oncology and to enable them to translate this knowledge into daily clinical practice. Specifically, the course aims to analyze recent literature and new areas of interest for the management of lung, breast, colorectal and gastrointestinal tumours.

The general educational focus is expected for community hospital pathologists, using practical and interesting information within diagnostic and therapeutic pathways of common and less common tumours. The aim of the course will be to motivate clinicians and pathologists to follow and contribute to the evolution of knowledge of the above mentioned topics.

The educational event shall include 2 days of slide seminars, practical workshops, clinical satellite conferences and slide seminars and conferences addressing issues related to lung, breast, melanocytic and gastrointestinal oncopathology.

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General Hospital, Udine (Italy) conjointly with the Department of Pathology, MD Anderson Cancer Center, Houston, Texas (USA) and the Department of Pathology of the University San Raffaele, Milano (Italy). The course shall be delivered by experts and postdoctoral fellows in surgical pathology.

Continuing medical education credits: Doctors and Biologists. Disciplines: Pathology, Clinical Oncology. Attention please: the 100% presence of participants at the formative hours of the Course is needed to gain Continuing Medical Education credits.

Official language: The course will be taught in English. Simultaneous translation services will not be available.

The congress has been accredited by the Ministry of Health as determined by the Ministerial Program. Continuing Medical Education for the following categories: Doctors and Biologists, Biologist, Pathologist. Clinical Oncology. Attention please: the 70% presence at the formative hours of the Course is needed to gain Continuing Medical Education credits.

Course coordinators: Giovanni Falconieri, M.D. Giovanna De Maglio, Sc.D. (Course coordinators)

For general or specific information pertaining to the course and workshops contact:
E-mail: info@meetingsarazanazzi.it  Web site: www.meetingsarazanazzi.it
Via Villalta, 32 - 33100 Udine
Meeting di Sara Zanazzi

For more registration information, please contact:

falconieri.giovanni@aoud.sanita.fvg.it

INREGISTRATION FEES:

Before departure. Confirmation of your reservation will be sent to you by fax or e-mail.

Amount of the rate for one night to process and guarantee your hotel reservation until midnight on the day of your arrival. The final bill should be paid to your hotel upon departure. Rates are for a standard room (b&b).

Giovanni Falconieri, M.D. Giovanna De Maglio, Sc.D.

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MEETING PROGRAM
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**Sunday, June 12th, 2011**

- **Registration**
  - Registration area will open at 10:00
  - 18:00 – 18:30 Course introduction and welcome to Authorities
- **Coffee break**
- **Slide seminar I**
  - 10:45 – 11.15 Cesar A. Moran, M.D.
  - 11.15 – 12:15 Slide seminar II
- **Clinical Satellite Conferences**
  - 12:15 – 14:00 Chairman: Giuseppe Aprile M.D.

**Monday, June 13th**

- **Update on Adenocarcinoma of the Lung**
  - 9.00 – 9.45 Cesar A. Moran, M.D.
- **Clinical Satellite Conference**
  - 12.15 – 14.00 Chairman: Giuseppe Aprile M.D.
- **Sentinel Lymph Node Biopsy in Breast Cancer**
  - 15.00 – 15.45 Nour Sneige, M.D.
- **Coffee break**
- **Slide seminar II**
  - 16.45 – 17.15 Cesar A. Moran, M.D.
  - 17.15 – 18.00 Closing remarks

**Tuesday, June 14th**

- **Recent Developments in Gastrointestinal Oncology**
  - 9.00 – 9.45 Dipen M. Maru, M.D.
- **Coffee break**
- **Slide seminar I**
  - 10.45 – 11.15 Dipen M. Maru, M.D.
- **Coffee break**
- **Slide seminar II**
  - 11.15 – 12.15 Cesar A. Moran, M.D.

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*Lunch boxes will be served during the Clinical Satellite Conferences.*
Surnaame/Name ...............................................................

Title □ Prof. □ Dr.

Hospital/Institute .............................................................................................................

Department .....................................................................................................................

Address ............................................................................................................................

Mail Code ........................................... City ..................................................................

Country ...........................................................................................................................

Phone .............................................................. Fax .........................................................

e-mail ...............................................................................................................................

Ai fini ECM, solo per i partecipanti italiani/for italian registrants only

C.F. ............................................................. P.IVA ..................................................................

Luogo di nascita ................................................................................................................

Data di nascita ...................................................................................................................

Professione ....................................................................................................................... 

Disciplina ...........................................................................................................................

Invoice Details

Company Designation/Name ...........................................................................................

For Italian participants, only: C.F ................................................................. P.IVA 

Address ...........................................................................................................................

No ..........................................................

Postal Code ........................................ City ................................................................. Country ..................................

Registration fees (VAT included)

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Within May 31st 2011</th>
<th>After May 31st, 2011</th>
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<tbody>
<tr>
<td>Regular</td>
<td>€ 350</td>
<td>€ 420</td>
</tr>
<tr>
<td>Members of Siapec or other national or international Pathology Associations</td>
<td>€ 300</td>
<td>€ 360</td>
</tr>
<tr>
<td>Pathology Residents (national and foreign programs)</td>
<td>€ 150</td>
<td>€ 150</td>
</tr>
</tbody>
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The registration fee includes attendance to scientific sessions

Payment

□ Non-negotiable bank cheque made out to Meeting di Sara Zanazzi for a total of € .................

□ International bank transfer inclusive of bank charges to:

Bank information data:

Meeting di Sara Zanazzi
Via Villalta, 32
33100 Udine

MEETING SARA ZANAZZI
Cassa di Risparmio del FVG
IBAN: IT 77 H063 4012 3270 8690 1160 296
SWIFT: IBSPIT2U538

Please, indicate on your remittance “Course on Oncologic Surgical Pathology”. Mail/Fax a receipt of the transaction with your registration form if the application fee is submitted thru a bank.
IV COURSE ON RECENT ADVANCES IN ONCOLOGIC SURGICAL PATHOLOGY
June 12-14, 2011 - Udine, Italy

HOTEL REGISTRATION FORM

Please complete in capital letters and return to:
Meeting di Sara Zanazzi
Via Villalta, 32, 33100 Udine, Italy
Tel. 0432.1790500 - Fax 0432.1790854
e-mail: info@meetingsarazanazzi.it
not later than April 30th, 2011

Hotel Charges (b&b, VAT included)
Hotel****
(Congress Center, Hotel Là di Moret)

Single room € 95,00 (Required deposit)
Double Room €120,00 (Required deposit)

Date of arrival ................................2011
Date of departure ............................2011
Total number of nights ....................

Rates are for a standard room (b&b). The Hotel requires a deposit of the amount of the rate for one night to process and guarantee your hotel reservation until midnight on the day of your arrival.

The final bill should be paid directly to your hotel before departure. Confirmation of your reservation will be sent to you by fax or e-mail.

Date................................. Signature ...........................................................................

Information concerning the protection of privacy and the processing and utilization of personal data

☐ I agree  ☐ I do not agree

to the processing and use of my Personal Information for statistic surveys or for the assessment of customer satisfaction;

☐ I agree  ☐ I do not agree

to the processing and use of my Personal Information to receive commercial correspondence and emails concerning new initiatives by Meeting di Sara Zanazzi.