



## ANNOUNCEMENT

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# International Workshop in Endoscopic Endonasal Transsphenoidal Surgery

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### Organization

Neurosurgical Department and  
Anatomy Laboratory of the University of Crete

Neurosurgical Department of  
the University Federico II of Naples

Society for the Development of  
Neurosurgical Research on Crete (SDNRC)

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**25-26 SEPTEMBER 2009**

University of Crete Anatomy Laboratory  
Heraklion - Greece

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UNDER THE AUSPICES OF THE HELLENIC NEUROSURGICAL SOCIETY



## PRESIDENT'S ADDRESS

Dear colleagues,

This year, for the second time and in cooperation with the Neurosurgery Clinic of the University Federico II of Naples, we are holding a hands-on course on the endoscopic assisted, endonasal transsphenoidal approach to the sella, the clivus and the cavernous sinus on the 25th and 26th of September 2009 at the Anatomy Laboratory of the University of Crete.

Endoscopic neurosurgery is constantly gaining ground, necessitating continuous training in new techniques. An endoscopic workshop can serve the primary needs of two different groups of Neurosurgeons. The first group consists of young Neurosurgeons with little or no experience in endoscopic surgery. For this group, a workshop may trigger further engagement with the subject. The second group consists of Neurosurgeons with endoscopic experience. For this group, this practice exercise will perhaps fill a gap in their knowledge, thus helping them to expand their technique.

Every effort has been made to ensure the success of the course. The faculty consists of world renowned Neurosurgeons with considerable endoscopic experience. There will be just two trainees working on each anatomical specimen, giving them enough time to complete the exercise using high quality modern equipment.

Finally, I would like to wish everyone a good stay in Crete and invite you all to a famous Greek artist music concert which will take place on the 27th of September 2009.

Yours sincerely,

**Antonis Vakis**

President of the Organizing Committee

## FACULTY

### **Paolo Cappabianca**

Department of Neurosurgery  
University Federico II of Naples

### **Luigi Cavallo**

Department of Neurosurgery  
University Federico II of Naples

### **Marialaura Del Basso De Caro**

Department of Biomorphological and Functional Sciences  
University Federico II of Naples

### **Giorgio Frank**

Department of Neurosurgery  
Bellaria Hospital, Bologna

### **André Grotenhuis**

Neurosurgeon,  
Professor of Neurosurgery, Neurosurgical Center Nijmegen

### **Daniel F. Kelly**

Division of Neurosurgery  
University of California at Los Angeles (UCLA)

### **Diego Mazzatenta**

Department of Neurosurgery  
Bellaria Hospital, Bologna

### **Panagiotis Selviaridis**

Department of Neurosurgery  
Aristotle University of Thessaloniki

### **Spiros Sgouros**

Department of Neurosurgery  
University of Athens

### **Antonis Vakis**

Department of Neurosurgery  
University of Crete

## INVITATION – THE VENUE - ACCOMMODATION

The Neurosurgical Department and the Anatomy Laboratory of the University of Crete, the Neurosurgical Department of the University Federico II of Naples and the Society for the Development of Neurosurgical Research on Crete (SDNRC) have the pleasure of inviting you to Heraklion from 25-26 September 2009 for the International Workshop in Endoscopic Endonasal Transsphenoidal Surgery, which will take place at the Anatomy Laboratory of the University of Crete.



### **Mövenpick Resort & Thalasso Crete**

A. Papandreou Street 72  
71414 Heraklion - Gazi | Greece  
**T** +30 2810 377000  
**F** +30 2810 250669  
**E** resort.crete@moevenpick.com

Distance from:  
Airport: 11 km  
City Centre: 6 km



### **HOTEL BOOKING**

Please duly complete and send the Registration Form to ARTION Conferences & Events in order to make a reservation in the suggested hotel.

# OFFICIAL LANGUAGE OF THE WORKSHOP

The official language of the Workshop will be English.

## COURSE SCHEDULE

Friday, 25 September 2009

15:00 - 15:30	<b>Workshop's Registration</b>
15:30 - 20:00	Theoretical approach to the practical course and lectures
20:00 - 21:00	Discussion
21:30	<b>Dinner</b>

Saturday, 26 September 2009

08:30 - 13:00	<b>Lab. of Anatomy</b>   Endoscopic assisted, endonasal transsphenoidal approach to the sella
13:00 - 14:00	<b>Light Lunch</b>
14:00 - 17:00	<b>Lab. of Anatomy</b>   Endoscopic assisted, endonasal transsphenoidal approach to the clivus and the cavernous sinus
21:00	<b>Dinner</b>

## CERTIFICATION – AWARD OF POINTS

Certificates of attendance will be issued at the end of the Workshop and will be given to the participants who will attend the Workshop.

Attending the International Workshop in Endoscopic Endonasal Transsphenoidal Surgery is endorsed by Continuing Medical Education (C.M.E.) points.

## REGISTRATIONS & HOTEL BOOKING

Registration to the **International Workshop in Endoscopic Endonasal Transsphenoidal Surgery** is made by duly completing and sending to ARTION Conferences & Events the registration form by one of the following ways:

1. by sending email to: [brainsurgery@artion.com.gr](mailto:brainsurgery@artion.com.gr)
2. by sending fax to +30 2310 272276, +30 2310 277964
3. by completing the on line registration form ([www.brainsurgery09.gr](http://www.brainsurgery09.gr))

Please note that the number of applicants cannot exceed 20 persons

Registration Fee **1200 €**

Accompanying Person's Fee **130 €**

## WORKSHOP SECRETARIAT

**ARTION** Conferences & Events

9th km Thessaloniki - Thermi, Thomas Building, 2nd Floor

P.O. Box. 60705, GR 57001 Thessaloniki

**T** +30 2310 257806 (Workshop line)

+30 2310 272275, 2310 252330

**F** +30 2310 272276, 2310 277964

**E** [brainsurgery@artion.com.gr](mailto:brainsurgery@artion.com.gr)

**W** [www.brainsurgery09.gr](http://www.brainsurgery09.gr)

**Workshop Coordinator:** Despina Amarantidou, Valentini Amarantidou

**Secretariat – Hotel Accommodation:** Matina Katsarou

**Welcome Desk:** Eleni Kechagia

**Sponsorship:** Marianna Georgitseli

**Publications Project Manager:** Maria Kantziari

# REGISTRATION & HOTEL ACCOMMODATION FORM

Please complete a separate form per participant (only accompanying persons can be included on the same form) and **return it no later than 10th September 2009** by fax or email to:

## ARTION Conferences & Events

F +30 2310 272276, 2310 277964, E brainsurgery@artion.com.gr

### Personal Data (in block letters, in English)

Title: Prof.  Dr.  Mr.  Mrs.  Ms.

First Name: \_\_\_\_\_ Address: \_\_\_\_\_

Family Name: \_\_\_\_\_ City: \_\_\_\_\_

Position: \_\_\_\_\_ Post Code: \_\_\_\_\_

Organization: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Accompanying Person\*

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Ms.  Mr.  Child

\*Please contact ARTION Conferences & Events if you have more than one accompanying person.

### I wish to participate in the workshop:

Registration Fee **1200 €**

Accompanying Person's Fee **130 €**

The registration fee includes the attendance at the workshop, workshop material as well as lunch and dinners according to the course programme. The accompanying person's fee includes lunch and dinners according to the course programme.



Special Services:

Please let us know if you require any special assistance by attaching a separate sheet outlining your needs

### Hotel Accommodation

Prices are per room / night at the Hotel and include buffet breakfast, services and all taxes. Please tick the appropriate rates applicable to the room type you require and fill in the total accommodation cost box.

Arrival (check in) date in Heraklion: \_\_\_\_/09/2009 Departure (check out) date from Heraklion: \_\_\_\_/09/2009

Mövenpick Resort & Thalasso Crete	Single Superior Sea View	Double* Superior Sea View	Number of Rooms	Nights	Total in €
*****	<input type="checkbox"/> 130 €	<input type="checkbox"/> 150 €	x _____	_____	_____

\*Double BB room price is for 2 persons.

## Flights

If your flight details are not available yet, you may inform us at a later stage.

Arrival from: \_\_\_\_\_ Flight no.: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Departure to: \_\_\_\_\_ Flight no.: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Participation in the Accompanying Persons' Cultural Programme

The Accompanying Persons' Cultural Programme will be announced at the webpage of the Workshop on the 20th of August 2009. You may register by sending an email to brainsurgery@artion.com.gr or contacting the Secretariat during the Workshop.

## Summary of Payment

Registration Fee \_\_\_\_\_ €

Hotel Accommodation \_\_\_\_\_ €

Accompanying Person's Fee \_\_\_\_\_ €

Total Amount Due (EUR) \_\_\_\_\_ €

## Method of Payment

Please choose method of payment:

### Bank transfer to the following bank account:

Beneficiary: ARTION

Account no: 5212-038-347-344

Swift number: PIRB GRAA

IBAN No: GR 24 0172 2120 0052 1203 8347 344

Bank: PIRAEUS BANK, ETHNIKIS ANTISTASEOS BRANCH (2212), THESSALONIKI

Please make sure you state your name when transferring your payment and send by fax to ARTION a copy of your bank transfer receipt. Note that all banking costs bear the participant.

### Credit Card

I duly authorise ARTION Conferences & Events to debit my credit card for the total amount due and settle my debit balance **by 10th September 2009.**

Visa Card no (16 digits): \_\_\_\_\_

American Express Expiration date: \_\_\_\_ / \_\_\_\_ (MM/YY)

Mastercard Cardholders name: \_\_\_\_\_

## The Invoice will be issued to

The Participant Passport \_\_\_\_\_ VAT. No \_\_\_\_\_

The Company Company Name \_\_\_\_\_ Address \_\_\_\_\_

All invoices will be given upon arrival at the Workshop venue unless requested otherwise.



## Payment Conditions

Full payment for registration, hotel accommodation & accompanying persons' fee should reach the Secretariat **no later than 10th September 2009**.

## Cancellation Policy

### Registration

1. Written cancellation received by 02nd September 2009. No cancellation fee.
2. Written cancellation received on or after 03rd September 2009. No refund.

### Hotel Accommodation

1. Written cancellation received by 02nd September 2009. No cancellation fee.
2. Written cancellation received on or after 03rd September 2009.

Two nights hotel cancellation fee applies.

3. Written cancellation after 23rd September 2009 or Non-show. No refund.

### Accompanying Person

1. Written cancellation received by 02nd September 2009. No cancellation fee.
2. Written cancellation received on or after 03rd September 2009. No refund.

All refunds will be processed after 25 October 2009.

By signing this form, I \_\_\_\_\_ declare to accept all instructions & conditions for reservations made

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_

PLEASE RETURN TO **ARTION** Conferences & Events

9th km Thessaloniki – Thermi, Thomas Building, 2nd Floor

P.O. Box 60705, 57001 Thessaloniki, Greece

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**F** +30 2310 277964

**E** brainsurgery@artion.com.gr

**W** www.brainsurgery09.gr

If registered via e-mail and you wish to pay by credit card, please return by fax the last two pages of the registration form with your signature and full name.



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