#### **GENERAL INFORMATION**

#### **COURSE LOCATION**

Spedali Civili of Brescia Piazzale Spedali Civili 1, Brescia Didactic room: stair 3, floor 6 Otorhinolaryngology O.R.: stair 4, floor 2 Neurosurgery O.R.: stair 8, floor 1

#### LANGUAGE

English is the official language of the course.

#### CME

24 CME credits have been assigned by the Italian Ministry of Health for Otorhinolaringology and Neurosurgery.

Provider ECM MZ Congressi - Provider n. 966

#### **ACCOMMODATION**

For information please contact the Organizing Secretariat.

#### **REGISTRATION FEE**

Registration fee is € 976,00 (800+VAT 22%) and includes: entrance to the course, course material, certificate of attendance, coffee and tea breaks, lunches and social dinner. The registration form must be sent to the Organizing Secretariat within **December 9**<sup>th</sup> via fax or e-mail, along with the payment.

Attendance is limited to a maximum of 8 participants.

#### **REFUND POLICY**

Cancellations received within the registration deadline (December  $9^{th}$ ): 80% refund.

Cancellations received beyond the registration deadline: no refund. The name of the participants can be changed within ten days prior to the course.

#### **CANCELLATION POLICY**

In the unusual circumstance that the course is cancelled, two weeks notice will be given and the fee will be refunded in full. The Organizers are not responsible for any airfare, hotel or other costs incurred.

#### **INSURANCE**

Organizers do not accept responsability for individual medical, travel or personal expenses. Participants are strongly adivsed to take out their own personal insurance policies.

#### ORGANIZING SECRETARIAT

Katia Gissi Servizi C.E.C. Srl Via G. Verdi, 18 - 24121 Bergamo - Italy Phone +39.(0)35.249899 Fax. +39.(0)35.237852 e-mail: k.gissi@servizicec.it www.servizicec.it

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Jniversità degli Studi di Brescia

FIRST INTERNATIONAL "LIVE-SURGERY" COURSE
OF THREE-DIMENSION TRANSNASAL ENDOSCOPIC SURGERY

# THREE-DIMENSION TRANSNASAL ENDOSCOPIC TREATMENT OF SKULL BASE DISEASES

Department of Otorhinolaryngology

Chief: Piero Nicolai



Neurosurgery Chief:

Department of

Chief: Marco Fontanella

Spedali Civili - Brescia - Italy

This course has the purpose to offer for the first time, the opportunity to attend transnasal endoscopic skull base surgery performed with pure three-dimension system of vision.

The course is completed by discussion of pertinent clinical cases, and finally by the presentation of a complete 3D dissection of the sinonasal complex and adjacent skull base performed on fresh injected cadaver at the Department of Systematic Anatomy of the Medical University of Wien.

At the end of the course the participant will have more information about advantages and limits of this new technology in transnasal skull base surgery.

## **FACULTY**

**Piero Nicolai**Department of Otorhinolaryngology

Marco Fontanella
Department of Neurosurgery

**Andrea Bolzoni Villaret**Department of Otorhinolaryngology

**Roberto Stefini**Department of Neurosurgery

## **SCIENTIFIC SECRETARIAT**

Andrea Bolzoni Villaret Phone: +39.333.6819318 E-mail: dr.bolton@libero.it

# DAY 1

8:00 -13:30 LIVE-SURGERY

Otorhinolaryngology O. R. Skull base diseases

13:30 - 14:30 Lunch

14:30 - 17:00 Video-dissection on fresh injected cadaver
Discussion of clinical cases

## DAY 2

8:00 -13:30 LIVE-SURGERY

Neurosurgery O. R. Sellar and parasellar diseases

13:30 - 14:30 Lunch

14:30 - 17:00 LIVE-SURGERY

Neurosurgery O. R. Sellar and parasellar diseases

#### Registration fee: € 976,00 VAT included

be paid at source in addition to the registration fee

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HOW TO PAY		

BANK TRANSFER Please fax a copy of the bank transfer to the Account name: SERVIZI C.E.C. S.r.l.  IBAN code: IT96 E 03336 11101 000000000049	e Organizing Secretariat Bank name: Credito Bergamasco Swift code: CREBIT22
CREDIT CARD	
Please FILL IN every line (write in capital letters), SIGN it and FAX	( it to the Organizing Secretariat
VISA Mastercard	
Cardholder's name	
Card number	
Card valid from	(day/month/year)
I authorize Servizi C.E.C. S.r.l. to deduct the fee from my	credit card
Signature	
Invoice headed to	
Address	
Zip code City	Country
C.F. *	
P.I. *	
* only for Italian and EU participants.	
the Organizing Secretariat will send you a confirmation letter in Only	tration fee includes VAT taxes Euro (€) are accepted ests by phone are not accepted

I accept these conditions

**REGISTRATION FORM** Please, fill in this form and return it by fax (+39.035.237852) or e-mail (k.gissi@servizicec.it) to Servizi C.E.C. Srl. First name (s) Date of birth.....Birthplace.... Discipline..... E-mail address ..... Home address Zip code ...... City ...... Country ...... Institute/Hospital ..... Department ..... Zip code ...... City ....... Country ......

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Date	Signature
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