Under the patronage of

4th INTERNATIONAL MEETING on
SONO-ELASTOGRAPHY
EFSUMB Endorsed Hands-On Course

www.sonoelastographypavia.com

Castrovillari (CS) - 25th · 26th · 27th JUNE 2014
UNDER THE PATRONAGE OF

EFSUMB
ENDORSED COURSE

UNIVERSITÀ DEGLI STUDI DI PAVIA

FONDAZIONE IRCCS
POLICLINICO SAN MATTEO - PAVIA

SIRM - SOCIETÀ ITALIANA
DI RADIOLOGIA MEDICA

SIUMB - SOCIETÀ ITALIANA DI ULTRASONOLOGIA
IN MEDICINA E BIOLOGIA

AZIENDA SANITARIA
PROVINCIALE DI COSENZA
Sono-Elastography is an ultrasound imaging technique that has enhanced the diagnostic capabilities of clinical ultrasonography.

This 4th edition of the meeting is designed to address the most important topics on Sono-Elastography such as technical advances, actual clinical applications, and future prospects.

The general experience with Sono-Elastography is growing with time, thus we have built the meeting as an occasion to share current knowledge and advances in this field.

Sono-Elastography adds valuable information to the study of all organs, potentially resulting in “a virtual biopsy”. Because different elastographic modalities are available, our aim is also to help understanding which one is best suited for any given indication and which information can be obtained when using it.

During this meeting, the clinical applications and recent advances on Sono-elastography will be analyzed with Speakers coming from several Countries and with the participation of the Ultrasound Companies that have implemented this new technique in their ultrasound system.

We welcome you in this meeting of physicians and biomedical engineers who combine their knowledge and experience in the innovations of US.

The Scientific Committee
Fabrizio Calliada,
Mario Canepari,
Giovanna Ferraioli,
Carlo Filice
Leonardo Perretti
THE SCIENTIFIC COMMITTEE
Fabrizio Calliada
Mario Canepari
Giovanna Ferraioli
Carlo Filice

LOCAL SCIENTIFIC COMMITTEE
Leonardo Perretti

ORGANIZING SECRETARIAT & CME PROVIDER NR. 265
Nadirex International S.r.l.
Via Riviera, 39
27100 Pavia (Italy)
Tel +39.(0)382.525714
Fax: +39.(0)382.525736
e-mail: info@nadirex.com

CONGRESS VENUE
Aula Congressi
“FERRARI” HOSPITAL
Viale Del Lavoro
87012 Castrovillari (CS)
Tel. +39 981 485607
MAIN TOPICS

- PHYSICS AND INNOVATION TECHNOLOGY

- CLINICAL APPLICATION IN:
  Liver
  Breast
  Thyroid
  MSK
  Focal liver lesions and G.I. Tract

FACULTY

JEFFREY BAMBER • London, UK
RICHARD G. BARR • Roostown, Ohio (Usa)
PETER BURNS • Toronto, Canada
FABRIZIO CALLIADA • Pavia, Italy
MARIO CANEPARI • Pavia, Italy
VITO CANTISANI • Rome, Italy
GIOVANNA FERRAIOLI • Pavia, Italy
CARLO FILICE • Pavia, Italy
RAFFAELLA LISSANDRIN • Pavia, Italy
ANTONIO PIO MASCIOTRA • Campobasso, Italy
PAOLO MINAFRA • Bologna, Italy
LAURA ROMANINI • Brescia, Italy
STEPHANIE WILSON • Calgary, Canada
Wednesday June 25th

08.30-09.00  Registration
09.00-09.15  Welcome and Introduction • F. Calliada, C. Filice, L. Perretti
09.15-09.45  Basics of Techniques: What we need to know • J. Bamber

MORNING SESSION
09.45-10.45  Thyroid • V. Cantisani
10.45-12.45  Practical Session & Hands-on: Thyroid
12.45-13.45  Practical Session Cases
13.45-14.45  Buffet Lunch

AFTERNOON SESSION
14.45-15.45  Breast • R. Barr
15.45-17.45  Practical Session & Hands-on: Breast
17.45-18.45  Practical Session Cases
Thursday June 26th

**MORNING SESSION**
09.30-10.00 Liver: Diffuse diseases • **G. Ferraioli**
10.00-10.30 Controlled attenuation parameter (CAP) for assessment of liver steatosis • **R. Lissandrin**
10.30-12.30 Practical Session & Hands-on: Liver
12.30-13.30 Practical Session Cases
13.30-14.30 Buffet Lunch

**AFTERNOON SESSION**
14.30-15.30 MSK • **P. Minafra**
15.30-17.30 Practical Session & Hands-on: MSK
17.30-18.30 Practical Session Cases

Friday June 27th

09.00-10.00 Focal liver lesions and G.I. Tract • **S. Wilson, L. Romanini**
10.00-11.30 Practical Session & Hands-on: Focal liver lesions and G.I. Tract
11.30-12.00 Practical Session Cases
12.00-12.30 Future advancement in ultrasound • **P. Burns**
12.30-13.00 Closing Remarks & Take home message • **F. Calliada, G. Ferraioli, C. Filice**
   End of the Conference & C.M.E (Continuous Medical Education) Questionnaire
CONFERENCE VENUE
The Congress Venue is located at Aula Congressi - Ospedale Civile “FERRARI” Viale Del Lavoro, 1 - 87012 Castrovillari (CS)

CME – CONTINUING MEDICAL EDUCATION
(for Italian Participants only)
The request for CME credits has been forwarded to the Italian Ministry of Health for 50 participants Event n. 265- 90034 n. 28.1 Credits for Physician (inter-disciplinary).

REGISTRATION FEES (VAT 22% included)

<table>
<thead>
<tr>
<th>Registration Category</th>
<th>Registration</th>
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<tbody>
<tr>
<td>SIUMB*/SIRM*/EFSUMB</td>
<td>€ 150.00 (122.95+22% VAT)</td>
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<tr>
<td>non members</td>
<td>€ 100.00 (81.97+22% VAT)</td>
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<tr>
<td>members</td>
<td>€ 50.00 (40.98+22% VAT)</td>
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<tr>
<td>Trainees / Students**</td>
<td>€ 110.00 (91.91+22% VAT)</td>
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* SIUMB: Società Italiana Ultrasonologia in Medicina e Biologia; SIRM: Società Italiana Radiologia Medica.

** Trainees / Students are kindly requested to provide an official proof of the status from the Institution / Hospital they practice their specialty in, to the Course’s Secretariat.

The registration fees include:
- Participation in the conference work
- Conference Kit
- Certificate of attendance
- Coffee breaks and working lunches as scheduled

REGISTRATION INSTRUCTIONS
The registration form is also available at: www.sonoelastographypavia.com.
In order to make the registration, you must fill in the form and send it, together with the payment of the fee, to the Organizing Secretariat. No registrations will be made without payment of the registration fee. The Organizing Secretariat will inform the participant about the registration.

HOW TO APPLY
In order to be registered at conference is necessary to fill in the attached registration form and send it together with the payment of the participation fee, to the Organizing Secretariat. The Organizing Secretariat will not accept any registration without the payment of the participation fee.

LANGUAGE
The official languages are English and Italian.
METHODS OF PAYMENT
The payment of the registration fee can be made with bank transfer or credit card
Transfer: headed to Nadirex INTERNATIONAL Srl
IBAN: IT73B0504811323000000030112
The copy of the bank transfer should be sent together with the registration form to the Secretariat organization. The Organizing Secretariat will not accept any registration without the payment of the participation fee.

REQUEST FOR EXEMPTIONS FROM VAT
(Art. 10 Paragraph 20 D.P.R. 637/72)
Public institutions requesting exemption from VAT on the payment of registration fees for their staff must tick the appropriate space on the registration form and stamp it with their official stamp mark. Requests without an institutional stamp mark cannot be accepted. It is not possible to ask for a reimbursement of VAT and relative accreditation notes once payment has been made. For administrative reasons, registration forms accompanied by errors in registration fees or without the required information will not be validated.

HOTEL RESERVATION
If you need any overnight stay in Castrovillari please contact the Organizing Secretariat. Guests will have the opportunity to stay in accommodations in the city.

LIABILITY AND INSURANCE
The organizer is not able to take any responsibility whatsoever for injury or damage involving persons and property during the meeting. Participants are advised to take out their own personal travel and health insurance for their trip.

CERTIFICATE OF ATTENDANCE
The Certificate of Attendance will be delivered at the end of the Meeting to all the participants registered at the desk of the Organizing Secretariat.
REGISTRATION FORM

Fill in using capital letters and send with payment to:
NADIREX INTERNATIONAL s.r.l.
Via Riviera, 39-27100 Pavia
Fax. +39.0382.525736 - info@nadirex.com

PLEASE COMPLETE THE FOLLOWING DETAILS

☐ PHYSICIAN

Name ........................................................................................................................................ Sumame ..........................................................................................................................
Profession ................................................................................................................................ Discipline ..........................................................................................................................
Institution ................................................................................................................................. Address ........................................................................................................................
Postal Code .................................. Town/City ........................................................................................................ Province ........................................
Tel. .................................................................................................................... Mobile Tel. ..............................................................................................................

INVOICE INFORMATION (Mandatory) - Invoice headed to Name/Last name or company name: .....................................................................................................
Address ................................................................................................................................ Postal Code ................................ Town/City ....................................... Province .............. State ..............
VAT Number .................................................................................................................. Fiscal Code ....................................................................................................
Birth date ..................................................................................................................... Birth place ........................................................................................................

REGISTRATION FEES (VAT 22% included)
SIUMB/SIRM/EFSUMB non members € 150.00 - SIUMB/ SIRM/EFSUMB members € 100.00 - Trainees/Students € 50.00

METHODS OF PAYMENT
☐ NOT NEGOTIABLE CHEQUE made payable to: Nadirex International S.r.l.
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I authorise the use of my personal data in accordance with Legislative Decree 196/2003

Date ................................................................................................................. Signature ..............................................................
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ORGANIZING SECRETARIAT

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Fax +39.0382.525736
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