

STUDY DESIGN
reviewing and writing
in **ORTHOPAEDICS, ARTHROSCOPY**
and **Sports Medicine**

March 30 & 31 2012
Corfu - Ionian University

*Limited
number of
participants!*

REGISTRATION FORM

Please return the completed form
to the Organizing-Administrative
Bureau by email
(E-mail: orthopaedicseminar@yahoo.gr)
or fax (+30 26510 68611)

Administrative-Organizing Bureau/Secretariat:
ConFerre Ltd: "The Art of Bringing People Together"
4th klm. Ioannina-Dodoni Avenue
GR 451 10 Ioannina, GREECE
Tel.: +30-2651 0 68610, Fax: +30-2651 0 68611,
E-mail: orthopaedicseminar@yahoo.gr

Please note that no Registration Form will be accepted unless accompanied by proof of full payment
(copy of bank remittance) sent to the Organizing-Administrative Bureau/Secretariat
no later than March 15th, 2012.


For participation in the workshops we advise you to register no later than February 28th 2012!

I. Contact Details

Surname:	Name:		
Occupation:			
Hospital/University/ Institute/Organization etc:			
Address:		Postal code:	
City:	Country:		
Telephone:		Fax:	
e-mail:			

II. Registration Fees

Registration Category

Doctors	 100,00€
Trainees	 50,00€

Registration Fee includes:





- Admittance to the Scientific Session
- Registration in workshops
Pre-registration is required
- Course Material
- Refreshments and lunch during the Course
- Certificate of Attendance




IV. Workshops

- *Registration for below workshops is included in the main registration (see above)*
- *Pre-registration is required.*
- *Limited number of participants.*
- *All registrations will be accepted on a first come - first served available basis and until February 28th or until the maximum number of participants is reached.*

Workshops A: How I design and perform a study

Saturday, March 31st 2012, at 15.15 - 16.15




-  Review articles-Case report paper -Technical note
-  Clinical Studies (Evaluation of new techniques,)
-  Radiological diagnostic Studies. Reliability
-  Anatomic and In vitro biomechanical studies



-  In vivo biomechanical studies
-  Animal studies
-  Systematic literature review and Meta-analysis

Workshops B: How I review a scientific paper

Reviewing and evaluation submitted to Arthroscopy or KSSTA. Articles from different fields will be discussed; the articles will be distributed to the participants prior to the workshops. Pre - registration is needed.

Saturday, March 31st 2012, at 16.45 - 17.45

-  ACL
-  Shoulder Arthroscopy
-  Sports Medicine

-  Hip Arthroscopy,
-  Total Knee Joint Reconstruction

III. Methods of payment

The registration fees will be collected by the Research Committee of the University of Ioannina in the framework of the educational program entitled: *STUDY DESIGN, REVIEWING AND WRITING IN ARTHROSCOPY AND SPORTS MEDICINE* with No **80781**

By Bank Transfer



Bank of Piraeus

Bank account: 5405-034810-310

IBAN: GR20 0172 4050 0054 0503 4810 310

Beneficiary: Research Committee of the University of Ioannina

On the bank remittance, do not forget to mention:

- The participant's name.
- Reason of payment (80781)

** Please transfer all payments free of charge for the beneficiary.*

- **A copy of the bank remittance should be sent by e-mail (info@conferre.gr) or fax (+30 26510 68611) no later than 5 days after sending the Registration Form.**
- **Limited number of participants.**
- **All registrations will be accepted on a first come - first served basis.**



I request for a **RECEIPT** issued to:



the contact details entered above



the following details:

Surname-Name:

Occupation:

City:

Country:



I request for an **INVOICE** issued to:

**Surname-Name/Hospital/
Institution/Company etc:**

Occupation:

VAT:

[Mandatory field for participants from Greece. If not necessary for issuing please fill in **NO**]

Tax Office:

[Mandatory field for participants from Greece. If not necessary for issuing please fill in **NO**]

Address:

Postal code:

City:

Country:

In case of participants do not specify their request for invoice or receipt the university will issue automatically a receipt.

All invoices and receipts for Registration expenses will be provided to participants on-site during the Course by the Secretariat Desk, upon request or after the Course.

V. Cancellation Policy

For any written cancellations of registrations sent to the Organizing-Administrative Bureau:

Before & on 20/02/2012:

there will be full refund

From 21/02/2011 & onwards:

there will be no refund

Refunds will be settled within 30 days from the end date of the course.



I CONFIRM THAT I HAVE READ AND UNDERSTOOD ALL THE ABOVE MENTIONED TERMS AS WELL AS THE CANCELLATION POLICY, WHICH I DO ACCEPT

Date:

 / /

Signature:

(Please do not write your name-original signature is required)