



8th

INTERNATIONAL
MEETING on
SONO-ELASTOGRAPHY

3rd Hands-on Course



FIRST ANNOUNCEMENT

TREBISACCE (Cosenza)

MAY 6th · 8th, 2019

www.sonoelastography.it

PATRONAGE REQUESTED



CITTÀ DI TREBISACCE



AZIENDA SANITARIA PROVINCIALE
COSENZA



UNIVERSITÀ DEGLI STUDI DI PAVIA

Sistema Socio Sanitario



Regione
Lombardia

ATS Pavia
ASST Pavia
Fondazione IRCCS
Policlinico San Matteo



EFUMB -EUROPEAN FEDERATION
OF SOCIETIES FOR ULTRASOUND
IN MEDICINE AND BIOLOGY



SIMIT
Società Italiana
di Malattie Infettive
e Tropicali

SIMIT - SOCIETÀ ITALIANA
DI MALATTIE INFETTIVE E TROPICALI



SIRM - SOCIETÀ ITALIANA DI RADIOLOGIA
MEDICA E INTERVENTISTICA



SIUMB - SOCIETÀ ITALIANA
DI ULTRASONOLOGIA
IN MEDICINA E BIOLOGIA



PRESENTATION

This year is the eight edition of our Sono-Elastography Meeting and like, in the past editions, our aim is to provide a unique and practical approach to new technical development of Sono-Elastography and to its wide clinical application. Sono-Elastography is an ultrasound-based imaging technique that has enhanced the diagnostic capabilities of clinical ultrasonography. This edition of the Meeting is designed to address practical concerns of healthcare professionals on how to obtain good quality imaging and diagnostic insight on different equipment. The general experience with Sono-Elastography is growing with time, thus we have built the meeting as an occasion to try different approach from different vendors practically on both models, phantoms and real patients during hospital routine on small groups. Sono-Elastography adds valuable information to the study of all organs, potentially resulting in “a virtual biopsy”. As 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 commercial representatives. We welcome you in this meeting of clinicians and scientists that combine their knowledge and experience in the innovations of US.

The Scientific Committee
Fabrizio Calliada,
Chandra Bortolotto,
Giovanna Ferraioli,
Carlo Filice

ABSTRACTS

Participants that would like to send abstracts are kindly invited to use only the dedicated online form available on the website www.sonoelastography.it and send it within **April 15th 2019**.

The Organizing Secretariat will send by email the confirmation within **April 23th 2019**.

Participants must indicate whether they are sending posters or oral communications. The choice is not binding.

The Organizing Secretariat will communicate the confirmation of acceptance at the first author on the abstract form, together with date and time of the presentation.

The duration of each oral communication will be 7 minutes, plus 3 minutes of discussion.

ABSTRACT PRESENTATION DETAILS

- Abstracts must be written in English, with the following order:
 - *Title*: brief and written in capital letters
 - *Author*: initial of the given name following by the last name, no academic titles. Kindly underline the name of the authors who will make the presentation
 - *Affiliation*
- Use Word program, Times New Roman character, size 12 and single line spacing
- Maximum length: 1 page

CONTENT

Abstract must contain:

- Objectives of the studies
- Methods used
- Results and conclusions

Eventual bibliographical quotes must be indicated in the text. Charts and diagrams can be used as long as they are included in the text page.

GENERAL INFORMATIONS

SCIENTIFIC COMMITTEE

Fabrizio Calliada
Chandra Bortolotto
Giovanna Ferraioli
Carlo Filice

LOCAL SCIENTIFIC COMMITTEE

Leonardo Perretti

CONFERENCE VENUE

The Congress will be held in Trebisacce (Cosenza) Azienda Sanitaria Provinciale di Cosenza Ospedale Civile G. Chidichimo Via Pierre Marie Curie, 87075

LANGUAGE

Official languages:
English and Italian.

CME - CONTINUING MEDICAL EDUCATION (for Italian Participants only)

Request for CME Physician (inter-disciplinary) training credits will be forwarded to the Italian Ministry of Health for 100 Physician (inter-disciplinary).

Online registration on the website

www.sonoelastography.it

ORGANIZING SECRETARIAT



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
info@sonoelastography.it
www.nadirex.com
www.sonoelastography.it

MAIN TOPICS

- PHYSICS AND TECHNICAL INNOVATIONS
- CLINICAL APPLICATIONS:
 - Liver*
 - Breast*
 - Thyroid*
 - GI tract*
 - Pancreas*
 - Kidney*
 - MSK*
 - Prostate*
 - Testis*
 - Nerves*

GENERAL INFORMATION

REGISTRATION FEES (VAT 22% included)

Registration Category	Within March 31st 2019
SIUMB/SIRM/EFSUMB* members	€ 120,00 (€ 98,36 + 22% VAT)
SIUMB/SIRM/EFSUMB* non-members	€ 230.00 (€ 188,53 + 22% VAT)
TRAINEES/STUDENTS**	€ 50,00 (€ 40.98 + 22% VAT)

Registration Category	After March 31st 2019
SIUMB/SIRM/EFSUMB* members	€ 150.00 (€ 122,96 + 22% VAT)
SIUMB/SIRM/EFSUMB* non-members	€ 260.00 (€ 213,11 + 22% VAT)
TRAINEES/STUDENTS**	€ 70.00 (€ 57.38 + 22% VAT)

* *SIRM: Società Italiana Radiologia Medica; SIUMB: Società Italiana Ultrasonologia in Medicina e Biologia.*

** *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.*

REGISTRATION

The registration form is also available at: www.sonoelastography.it

To register, please fill in the form and send it with fee payment to the Organizing Secretariat. Registration shall be valid only if accompanied by proof of fee payment.

The Organizing Secretariat will notify participants of their registration.

The registration fees include:

- Participation in the conference work
- Conference Kit
- Certificate of attendance
- CME credits Certificate
- Working lunches as scheduled
- Social Dinner Tuesday, May 7th 2019

LIABILITY AND INSURANCE

Organizers will not take any responsibility for injury or damage involving persons and property during the meeting. Participants are invited to subscribe on their own personal travel and health insurance.

METHODS OF PAYMENT

Payment can be made by bank transfer or credit card.

Bank details:

Nadirex INTERNATIONAL Srl

IBAN: IT48A0311111305000000030112

Swift Code: BLOPIT22634

The copy of the bank transfer should be sent together with the registration form to the Organizing Secretariat. The Organizing Secretariat will not accept any registration without the payment of the fee.

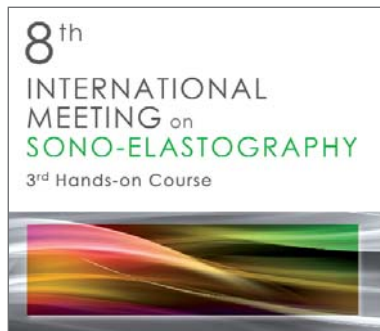
REQUEST FOR EXEMPTIONS FROM VAT

(Art. 10 Paragraph 20 D.P.R. 637/72)

Public institutions requiring exemption of VAT for the registration of their staff must tick the appropriate space on the registration form and put on their official stamp mark. Requests sent without an institutional stamp mark cannot be accepted.

Once payment has been made, reimbursement of VAT and related credit note cannot be made.

For accounting reasons, registration without the requested payment information will not be accepted.



REGISTRATION FORM

CME Provider Nr. 265: Nadirex International S.r.l. - The request for CME credits will be submitted to the Italian Ministry of Health for 100 participants in order to receive Credits for Physician (inter-disciplinary)

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

PLEASE COMPLETE THE FOLLOWING DETAILS

Name
 Surname
 Profession Discipline
 Institution
 Address
 Postal Code Town/City Province
 Tel. Mobile Tel. E-mail

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

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BANK TRANSFER made payable to: Nadirex International S.r.l.
 IBAN: IT48A03111130500000030112 - Swift Code: BLOPIT22634

CREDIT CARD: VISA MASTER CARD AMERICAN EXPRESS
 Number CV2 code Expiry date
 Card holder's name (in capital letters) Signature

REQUEST FOR EXEMPTION FROM VAT (Art. 10 comma 20 D.P.R. 637/72) Stamp
 I authorise the use of my personal data in accordance with Legislative Decree 196/2003

Date Signature

ORGANIZING SECRETARIAT



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