

Registration and Abstract Submission Form

In order to submit abstract, at least the presenting author has to be registered to the "Excellence in Paediatrics Conference". This form must be completed and sent together with the abstract.

Please fill in this registration form in CAPITAL LETTERS and tick where appropriate. This registration form is for one delegate only and his accompanying person(s). You are kindly requested to send this form by fax or e-mail to **C&C International**, Tel.: +30 210 6889130, Fax.: +30 210 6844777, Registrations Department e-mail: eip-reg@candc-group.com
You may also register online at: www.excellence-in-paediatrics.org

To be completed by the CO:

Receipt Date:

Registration number:

REGISTRATIONS DATA

I. DELEGATE'S DETAILS

Surname:

First name:

Title(Dr, Mr, Mrs, Ms, other):

Male

Female

Position / Department / Organisation:

Example

Professor/Assistant Dean for Clinical Affairs/ Complete Denture and Biomaterials Departments Medical Center, University of Michigan, Ann Arbor, MI, U.S.A.

Correspondence Address (Street & Nr):

Organisation

Home

City/Town:

Post Code:

Country:

Tel. (please include country code):

Fax:

Mobile:

E-mail*:

Social media account(s) (URL) : / /

***Kindly notice that this field is mandatory, as all correspondence will be delivered via e-mail.**

II. ACCOMPANYING PERSON'S DETAILS

Surname:

First name:

Male

Female

Adult

Child

Year of birth:

A letter confirming your registration will be sent to you within three (3) working days after having received both this Registration Form and your payment. Should you not receive this letter in due time, please contact the Conference Organisers.

III. CONTACT PERSON IN CASE OF EMERGENCY

Surname:

First name:

Mobile:

E-mail:

IV. HOW DID YOU LEARN ABOUT THE CONFERENCE

Please select one or more of the following options:

1) E-mail	2) Journal / Scientific Publication	3) Colleague
4) Internet	5) Poster	6) Professional / Scientific Association
7) Industry	8) Scientific Event	9) Other - Please specify :

V. VISA REQUIREMENTS

If you need visa invitation, please tick the box

A valid passport is generally required. Citizens of the EU countries or holders of Schengen Visa do not need visa to enter UK (airlines or other carriers require identity card issued by a public authority). For detailed information regarding visa requirements, please visit the website of the UK Ministry of Foreign Affairs: <http://www.ukvisas.gov.uk/en/>

VI. REGISTRATIONS (VAT is included)

All prices are quoted in Euros (€)

REGISTRATION TYPE	PARTICIPATION TO EXCELLENCE IN PAEDIATRICS 2010		
	Early Registration Until 03 September 2010	Late Registration 04 September 2010 – 26 November 2010	ON-SITE Registration 2-4 December 2010
Full Delegates	590€	640€	700€
Trainees / Young investigators*	380€	430€	490€
Accompanying Persons	110€	125€	135€

* Please note that the reduced registration fee for trainees / young investigators is available for doctors and researchers under 35 years old. Please submit an official document such as ID card indicating your birth date.

Registration entitlements:

Registration fee includes :	Full Delegates	Trainees/Young investigators	Accompanying Persons
Participation in all scientific sessions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Entrance to the exhibition area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Participation in the Opening Ceremony	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Participation in the Welcome Reception	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Conference Materials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Coffee Breaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lunch Breaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
One year subscription to Evidence Based Child Health: A Cochrane Review Journal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
City Tour		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

VII. WORKSHOP PARTICIPATION

In view of the World Aids Day (1 December 2010), the Conference Organisers are excited to announce that the total income generated by the registration fees for the Conference workshops will be donated to KEEP A CHILD ALIVE to support its mission in the fight against AIDS.

KEEP A CHILD ALIVE is a registered 501(c)3 charity in the US dedicated to providing life-saving anti-retroviral treatment, care and support services to children and families whose lives have been affected by HIV/AIDS in Africa and India.

Due to limited attendance we kindly suggest to book in advance your participation to any of the workshops that follows. In case you would like to attend, please check your preferences. To be informed about the presentation time of each workshops, please visit the conference website www.excellence-in-paediatrics.org (scientific programme)

- The text may include standard abbreviations, tables, diagrams and photographs; as long as they stay within the page margins and that the total amount of words does not exceed the above mentioned limit (300 words).

The responsibility for accuracy rests with the author

B. Submission

Via e-mail:

You may send the abstract to the e-mail address eip-abstracts@candc-group.com attaching:

- the abstract submission form duly completed and
- the abstract in Microsoft Office Word having followed the instructions given above.

Via website:

You may submit your abstract by clicking on the Submit an Abstract online at <http://www.excellence-in-paediatrics.org> and completing all required fields. If you should experience any problems with the online submission, please do not hesitate to contact the conference organisers.

Abstracts submitted via fax will NOT be accepted.

XII. TOPICS

Please select the topic of your paper by checking (X) the apposite boxes below:

- | | | | |
|--|--------------------------|----------------|--------------------------|
| ➤ Adolescence Medicine | <input type="checkbox"/> | ➤ Pulmonology | <input type="checkbox"/> |
| ➤ Allergy – Immunology | <input type="checkbox"/> | ➤ Rheumatology | <input type="checkbox"/> |
| ➤ Cardiology | <input type="checkbox"/> | | |
| ➤ Dermatology | <input type="checkbox"/> | | |
| ➤ Endocrinology | <input type="checkbox"/> | | |
| ➤ Gastroenterology, Nutrition & Metabolism | <input type="checkbox"/> | | |
| ➤ Genetics | <input type="checkbox"/> | | |
| ➤ Haematology & Oncology | <input type="checkbox"/> | | |
| ➤ Infectious Diseases | <input type="checkbox"/> | | |
| ➤ Neonatology | <input type="checkbox"/> | | |
| ➤ Nephrology | <input type="checkbox"/> | | |
| ➤ Neurology-Neurodevelopmental Paediatrics | <input type="checkbox"/> | | |
| ➤ Pharmacology | <input type="checkbox"/> | | |

THEMES ON CHILDREN'S ENVIRONMENTAL HEALTH

- Air pollution
- Neurotoxicants
- Child cancer and environmental factors
- Prevention of road traffic accidents
- Other areas on children's environmental health

XIII. FORM OF PRESENTATION

Please bear in mind that the Scientific Committee will review all submitted abstracts and decide as to the form of presentation (oral or poster) as well as the topic the abstract will be presented under.

NOTES

1. Abstracts submitted after **September 10th, 2010** will not be accepted.
2. Timely registration and payment for the conference are pre-requisite for **presenting authors**. In order to submit abstract, at least the presenting author has to be registered to the Conference.
3. An author may present one (1) paper only, however he/she may be co-author to more.
4. The author acting as contact person will have been notified about the successful submission of the abstract within three (3) days of the abstracts has being received. In the event that you do not receive such notification, please contact the Conference Organisers.
5. Abstracts previously published (in local or international journals) or presented at international meetings and/or conferences, will not be accepted.
6. If the abstract is accepted for presentation, the author acting as contact person will have received an e-mail notification by **October 11th 2010**.
7. Please read carefully and follow the instructions, as incomplete submissions will not be reviewed.

ABSTRACT WITHDRAWAL

If you wish to withdraw an abstract, please contact the **Conference Organisers** before **September 10th, 2010**, otherwise the papers will be published in the **Excellence in Paediatrics Conference** abstract book and/ or will be posted on the Conference website.

ABSTRACT EXAMPLE

AKJSHDKJ AKDHKSJDH AKSHDKAJSHD JHJ IWDB KJHA

John Smith¹, **Maria Reynolds**², Steve Mc Donald¹

1. St Mary's Hospital, London, UK

2. University of East Anglia, School of Medicine, UK

Introduction

Ababa baba bababa babab ababa bcna anbs anbs ansb anbs ansb anbs ansb na

Purpose

Ababa baba bababa babab ababa bcna anbs anbs ansb anbs ansb anbs ansb na

Material

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Methods

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Results

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Conclusions

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*The Conference Organisers remains at your disposal for any further information
and/or assistance required.*

I agree to the collection and processing of my personal data by C&C International Group of Companies, for the purpose of sending information material (newsletter) in relation to conferences with similar topics as well as promotional and advertising e-mails as part of its advertising policy.

YES NO

I hereby declare that I have been informed about and have accepted the rules prevailing the abstract editing and submission procedure for presentation during the **Excellence in Paediatrics Conference**, as well as publication in the proceedings of the **Excellence in Paediatrics Conference** abstract book and/or <http://www.excellence-in-paediatrics.org>.

Date: _____ / _____ / _____
day month year

Signature: _____

ABSTRACT SUBMISSION DEADLINE : September 10th , 2010



C&C International
Group of Companies

www.CandC-group.com

E. excellence@candc-group.com

T. +30 210 68 89 130

F. +30 210 68 44 777

www.excellence-in-paediatrics.org

1A, Pierias Str., 144 51

Metamorfossi, Athens Greece

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