

FLORENCE EATB 14th International Congress
of the European Association of Tissue Banks

December 08-11, 2005
Florence, Italy
Centro Congressi
Metropole Hotel



NUCOMM s.r.l.
Via Cascina Belcasule, 11
20141 Milano - ITALY

GENERAL INFORMATION

Congress venue

Centro Congressi
Metropole Hotel
Via del Cavallaccio, 36
50142 Firenze
Tel. +39 055-78711
Fax +39 055-78718020

www.metropolehotel.it

Honorary President

William Enneking
Gainesville (FL), U.S.A.

Congress President

Rodolfo Capanna
Florence, Italy

General Secretaries

Franco Dondero
Rome, Italy
Monica Montenero
Berlin, Germany

Local scientific Committee

Iris Mancini
Elisa Pianigiani
Alessandro Pacini

Centro conservazione tessuto osseo

Regione toscana "Piastra Servizi"

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Congress Secretariat

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FIRST ANNOUNCEMENT

14th International Congress of the
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EATB



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www.eatb.de



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FIRST ANNOUNCEMENT

National and European CME (ECM) Credits have been requested for the following professions:

- M.D. (Medical Doctor)
- Biologist
- Nurse

Thursday, December 8th

- Opening ceremony
- Registration of participants

Friday, December 9th

FOCUS ON TISSUE BANKING
REGULATIONS AND TECHNOLOGY

1. Donor programs: donors' selection criteria and technical aspects
2. QA regulatory
3. Tissue banking processing methods
4. Free papers

Saturday, December 10th

FOCUS ON CLINICAL ASPECTS*

5. New advances and clinical applications of bone allograft
6. New advances and clinical applications of skin transplant
7. New advances and clinical applications of cornea transplant
8. New advances and clinical applications of vascular segment and other tissues

** A dedicated room will be available for each of the clinical applications*

Sunday, December 11th

FOCUS ON TISSUE ENGINEERING

9. Regulatory and legal aspects
10. Basic science on tissue engineering: in vitro studies
11. Basic science on tissue engineering: animal experiments
12. Engineered tissues: clinical experiences

APPLICATION FORM

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Please, kindly fill in your personal data and return this form to Congress Secretariat

Name _____ Title _____ Institution _____
 Address _____ Zip Code _____ Country _____
 Phone/Fax- _____ E-mail _____
 Accompanying Person(s) Details:
 Name _____ Title _____ Country _____

I intend to:

attend the meeting submit an oral presentation submit a poster presentation

take part in the exhibition present commercial poster or talk

Contribution Details:
 Author(s) _____ Abstract Title _____

Your preference of presentation type
 Oral Poster (Scientific Board has right for final decision)

ON-LINE ABSTRACT FORM WILL BE AVAILABLE ON www.eatb.de