**CONGRESS SECRETARIAT**
Ms J. Kabamba
Dept. of Orthopaedics, Erasme University Hospital
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Tel. +32 2 555 68 44 - 555 36 91
Fax +32 2 555 83 60
E-mail: Hand.congress@ulb.ac.be

**CONGRESS INFORMATION**
Venue
Château du Lac, avenue du Lac 87
B-1332 Genval, Belgium
Tel.: +32 2 655 71 11 - Fax: +32 2 655 74 44
E-mail: seminars.cdl@martinshotel.com
Language: English

**ACCOMMODATION**
Château du Lac (5 stars hotel) - meeting place
15 km south of Brussels. An invigorating and sophisticated ambience, exquisite décor, fine cuisine. Free access available at the ‘John Harris Fitness Centre’ for participants accommodated at the Château.

Indicative rate: single 195 €/night with bed&breakfast.
Address: Château du Lac, avenue du Lac 87, B-1332 Genval, Belgium
Tel.: +32 2 655 71 11 - Fax: +32 2 655 74 44
E-mail: seminars.cdl@martinshotel.com

When contacting the hotel, please indicate that you are attending the “Paediatric Hand Symposium” to receive the reduced rate for the dates February 5 through February 8.
Participants can also be accommodated at the hotel “Le Lido”, a 3 stars hotel located about 2 km from the Château du Lac (no transport will be provided).

Indicative rate: single 160 €/night with breakfast.
Address: Le Lido, 20, rue de Limalsart, B-1332 Rixensart, Belgium
Tel.: +32 2 634 34 34 - Fax: +32 2 634 34 44
E-mail: lelido@martinshotels.com

**REGISTRATION FEES**
| Before Oct. 1, 2008 | 470 € (1) |
| After Oct. 1, 2008 | 500 € (1) |
| Resident/Student/Physiotherapist/Nurse | 350 € (2) |
Optional: touristic visit and banquet 100 € (3) (Feb. 7, 2009)

(1) Fees include meeting attendance, congress bag with the abstract book and all related documents (certificates of payment and attendance, badge etc.), lunches, welcome reception on February 6, and transport by coach from and to the airport on February 5 and February 8. Not included: hotel accommodation, meals except 2 lunches, access to sports facilities. Acknowledgement of registration and receipt of fees will be sent soon after the registration form and full payment are received. Upon request, a letter of invitation will be sent. Payments should be made free of all bank charges and commissions. A 3 % commission will be added to all payments made by credit card. The organizers cannot be held responsible for any personal injury, loss, damage, accident to private property, or additional expenses incurred as a result of delays or changes in air, rail, sea, road or other services, strikes, sickness, weather, war, sports and other causes. Luggage is at owners risk throughout unless insured. The symposium is organized by the ‘Groupe pour l’Etude du Membre Supérieur’, ASBL, Brussels.

(2) Please include a certificate signed by head of department.

(3) Included: coach transport Genval-restaurant, touristic visit, and dinner in a typical Belgian restaurant.

Bank transfer:
Account holder: GEMS
Account number: BE51 0012 3439 9162 (international) 001-2343991-62 (Belgium)
BIC or SWIFT code: GEBABEBB
with Fortis Bank, Route de Lennik 808, B-1070 Brussels, Belgium
Kindly instruct your bank that all charges are at your expenses, and indicate your name and address on your payment order form.

**CANCELLATION**
In the event of cancellation, a full refund (less € 100 as a handling fee) of the registration fees may be obtained, provided that written notification is received by December 15, 2008. A 50 % refund will be made for cancellations received by January 15, 2009. No refunds will be made thereafter.

**PROGRAM INFORMATION**

Ms J. Kabamba
Department of Orthopaedic Surgery (Prof. Schuind)
Erasme University Hospital
Université Libre de Bruxelles
Route de Lennik 808
B-1070 BRUSSELS BELGIUM

**ACCOMMODATION**

**REGISTRATION FEES**

**CANCELLATION**

Join us next year!

BRUSSELS INTERNATIONAL SYMPOSIUM
17th year
THE PAEDIATRIC HAND
SPECIAL EMPHASIS ON
PAEDIATRIC TRAUMAS AND INFECTIONS, TUMORS, CONGENITAL DIFFERENCES, SPASTICITY

Genval/Brussels, Belgium
February 6-7, 2009

Program Director
F. Schuind, MD, PhD
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Erasme University Hospital
Route de Lennik 808, B-1070 Brussels, Belgium
Tel. +32 2 555 68 44, +32 2 555 36 45
Fax +32 2 555 83 60
E-mail: Hand.congress@ulb.ac.be

Meeting place:
Château du Lac
Avenue du Lac 87, B-1332 Genval, Belgium
Tel. +32 2 655 71 11 - Fax +32 2 655 74 44
E-mail: seminars.cdl@martinshotels.com
The first annual Brussels/Genval Upper Extremity Symposium, held in May 1992, was on Advances in Hand and Wrist Biomechanics. Since this first meeting, the Château du Lac at Genval has hosted, each spring, the Brussels/Genval Upper Extremity Symposium, dedicated to a specific interdisciplinary topic involving in teratology; including in teratology; including in teratology.

The symposium is to be held in Brussels, Belgium, on February 7, 2009, and will be followed by two days of meetings in Genval, Belgium.

The primary goals of the Brussels/Genval annual upper extremity symposium, such as the one held in May 1992, are to promote the exchange of ideas, to establish guidelines on a consensual basis, and to attract in 2009 pediatric surgeons, anatomists, physiotherapists, rheumatologists, anesthesiologists, pediatric surgeons, and plastic surgeons, including in teratology.

The final program will be mailed to registered participants and institutions.

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J. Bahm (Aachen, Germany)
J. De Smet (Pellenberg, Belgium)
F. Schuind (Brussels, Belgium)
M. Inoue (Rotterdam, The Netherlands)
M. Innocenti (Firenze, Italy)
S. Kay (Leeds, United Kingdom)
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S. Kay (Leeds, United Kingdom)
M. Innocenti (Firenze, Italy)
S. Kry (Leeds, United Kingdom)
J. Quintin (Brussels, Belgium)
M. Rooze (Brussels, Belgium)
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SCIENTIFIC DIRECTORS
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M. Gehart (Brussels, Belgium)
S. Hovius (Rotterdam, The Netherlands)

CALL FOR PAPERS
October 31, 2008
Deadline for submission of abstracts. All abstracts submitted will be acknowledged.

November 15, 2008
Notification of acceptance or rejection of papers.

FINAL PROGRAM
The final program will be mailed to registered participants and upon request to interested colleagues.

CERTIFICATE OF ATTENDANCE
Available at the registration desk. Upon request, a letter of invitation will be sent.

SIGNATURE DATE

Brussels International Symposium
The Paediatric Hand

REGISTRATION FORM
To be filled in and returned as soon as possible

Name
First name
Specialty
Title
Institution
Address
City Country Zip
Phone Fax
E-mail
Arrival date
Departure date
Special requests (diet, etc.)

Please fill in below as appropriate.

\[ Q \] I will participate in the Paediatric Hand Symposium (February 6-7, 2009).
\[ Q \] I would like to attend the tourist visit and banquet on February 7, 2009.

My registration fees are paid as follows:

\[ \checkmark \] Enclosed check

\[ \checkmark \] Credit card (Euro/Master, Visa)

Card type:

Card account number:

Cardholders' name:

Expiration date (mo/yr):

Available at the registration desk. Upon request, a letter of invitation will be sent.