FIRST ANNOUNCEMENT
AND
CALL FOR ABSTRACTS

“2nd International Meeting
on
Cryptic Chromosomal Rearrangements
in
Mental Retardation and Autism”

Troina (EN) - Italy
April 7-8, 2006
Scientific Committee
B de Vries
SJL Knight
C Lese Martin
C Romano

On site scientific management:
Corrado Romano, MD
Unit of Pediatrics and Medical Genetics
Department for Mental Retardation
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Registration, trip and accommodation:
Rosi Di Giorgio
Eleonora Di Fatta
Maria Schillaci
edifatta@oasi.en.it
Tel +39 0935 936301
Fax +39 0935 936231
Friday, April 7, 2006

9.45 - 10.00
Opening addresses:
The Scientific Director of Oasi Research Institute
David H Ledbetter, for the American Society of Human Genetics
Alessandra Renieri, for the European Society of Human Genetics
Franca Dagna Bricarelli, for the Italian Society of Human Genetics

10.00 -10.15
C Romano (Italy)
Brief introduction to the meeting

Mechanisms session
Chair: M Rocchi (Italy)

10.15 – 10.45
EE Eichler (USA)
Genomic duplications and cryptic chromosomal rearrangements

10.45 – 11.15
R Redon (UK)
DNA copy number variation in the human population

11.15 - 11.30
Discussion

11.30-11.45
Coffee Break

Telomeres session
Chair: DH Ledbetter (USA)

11.45 – 12.15
F Kooy (B)
Overview on mechanisms and techniques

12.15 – 12.45
A Schinzel (CH)
Overview on recognizable phenotypes

12.45 – 13.00
Discussion

13.00 -14.30
Lunch
Techniques session
Chair: SJL Knight (UK)

14.30 – 15.00
C Mackie Ogilvie (UK)
Prenatal diagnosis of cryptic chromosomal imbalance: targeted testing or genome-wide screening?

15.00 – 15.30
J Veltman (The Netherlands)
Genome-wide copy number profiling on high density BAC, SNP and oligonucleotide microarrays

15.30-16.00
H Firth (UK)
Clinical interpretation of array data

16.00-16.15
Discussion

16.15-16.30
Coffee Break

16.30-17.30
Short Communications

17.30 – 18.30
Roundtable on the topic “Clinical Inclusion Criteria for Cryptic Chromosomal Rearrangements are still needed? If yes, which ones?”
Chair: R Tenconi (Italy)

B de Vries (The Netherlands)
A Schinzel (CH)
M Zollino (Italy)
O Zuffardi (Italy)

Saturday, April 8, 2006

Phenotypes session Part 1
Chair : A Schinzel (CH)

9.00 – 9.30
C Lese Martin (USA)
Autism and cryptic chromosomal rearrangements

9.30 – 10.00
DH Ledbetter (USA)
Marker chromosomes in Mental Retardation: a cryptic issue to be revealed
10.00 – 10.30
B de Vries (The Netherlands)
*New emerging microdeletion/duplication syndromes*

10.30-10.45
*Discussion*

10.45 – 11.00
*Coffee Break*

**Phenotypes Session Part 2**
*Chair: B de Vries (The Netherlands)*

11.00 – 11.30
BM Anderlid (Sweden)
*Microdeletions and microduplications in the same region - overlap in phenotype?*

11.30 – 12.00
A Rauch (Germany)
*Genotype-phenotype correlation in 22q11.2 associated syndromes*

12.00 – 12.15
*Discussion*

12.15 – 13.15
*Short Communications*
Call for Abstracts

Two Short Communications Sessions are planned on the topics of the meeting (Mechanisms, Telomeres, Techniques, Phenotypes). Talks of these sessions (15 minutes each, discussion included) will be selected by the scientific committee on the basis of abstract submissions. The abstracts should be sent via e-mail in attachment to cromano@oasi.en.it, fulfilling a single A4 sheet (times new roman 12), with the following layout: authors’ names and affiliations with the presenting author underlined, title and text. The e-mail message should contain the full address of the presenting author, including telephone number. The deadline for abstracts submission is March 3rd, 2006.
REGISTRATION FORM

Associazione Oasi Maria SS., IRCCS – Troina (En) – Italy

2nd International Meeting on Cryptic Chromosomal Rearrangements in Mental Retardation and Autism
Troina (EN), Italy, April 7-8, 2006

Name ______________________________  Surname _______________________________________________
Address__________________________________________________________City_________________________
Zipcode__________________Country________________________
Telephone (Country code) (Area code) (Number) (_____) (_____) (______________)
E-mail _________________________
Affiliation _______________________

Personal data will be treated only in the environment of the educational office of the IRCCS Associazione Oasi Maria Santissima, respectful of the Italian Law 675/96 on the protection of personal data. Your data will be used only for updating you on the educational events set up by the above office and will not shifted to other people. If you do not wish to receive the above information, please tick the following brackets [ ].

Trip and Accommodation
I wish to reserve No. _____ room(s) at the La Cittadella dell’Oasi Hotel.
Daily full board:
- € 67,00 – single room [  ]
- € 62,00 – double room [  ]
Extra Lunch:
- € 20,00

Registration is free.
Since there is a limited availability of hotel rooms, we suggest to reserve at your earliest convenience.

Flight information
Please, indicate in detail relevant flight information
Arrival (day and time): ____________________________  Flight no. __________________
Departure (day and time): __________________________ Flight no. __________________

A shuttle transfer will be available only for those who communicate their arrival time at Catania Airport.

Please, send the registration form via fax (+39 0935 936231) or via e-mail (edifatta@oasi.en.it) or confirm by telephone call to Mrs Rosi Di Giorgio (+39 0935 936301).
INFORMAZIONI GENERALI PER I PARTECIPANTI ITALIANI

Coordinamento scientifico
Dr. Corrado Romano (Troina) – Direttore U.O.C. di Pediatria e Genetica Medica – Dipartimento per il Ritardo Mentale – IRCCS Associazione Oasi Maria SS.

Coordinamento organizzativo e aspetti ECM
Dott.ssa Carolina Tomasi – Responsabile Ufficio Formazione ed ECM – e-mail: formazione@oasi.en.it – tel. 0935 936461.

Segreteria scientifica e organizzativa
Sig.ra Rosi Di Giorgio – Segreteria Direzione Scientifica – e-mail: edifatta@oasi.en.it – tel. 0935 936301 – fax 0935 936231.

Destinatari
Il corso è accreditato per le seguenti figure professionali: • Medici (pediatri e genetisti) • Biologi e Tecnici di Laboratorio. È prevista la traduzione simultanea.
La quota di partecipazione al corso è di € 50,00. Tale quota non si applica per i partecipanti in qualità di uditori per i quali non è previsto rilascio di attestato ECM.
L’evento è destinato ad un numero max di 150 partecipanti. A tal fine si terrà conto dell’ordine cronologico di arrivo delle domande, che dovranno pervenire entro il 15° giorno precedente alla data del corso.

Come iscriversi
Inviando la scheda di iscrizione e la copia del bonifico al numero di fax 0935 936231 o all’indirizzo e-mail edifatta@oasi.en.it.

Coordinate bancarie: Banco di Sicilia, Ag. di Troina: c/c n. 000410125238; ABI: 1020; CAB: 83720 intestato a: Associazione Oasi Maria SS. Troina.

Scheda di iscrizione ECM

ASSOCIAZIONE OASI MARIA SS IRCCS - TROINA

Corso: 2nd International Meeting on Cryptic Chromosomal Rearrangements in Mental Retardation and Autism

Nome e Cognome______________________________  Codice Fiscale______________________________
Indirizzo_____________________________________ Città_________________________   Prov._________
C.a.p._______Tel._____/_______Cell._____/_______e.mail________________________________
Qualifica e Disciplina di specializzazione ______

Ente di appartenenza ____________________________ Indirizzo______________________________
Tel.__________ Fax_________________________ e.mail  __________________________________

Il trattamento dei dati personali viene svolto solo nell’ambito dell’ufficio formazione dell’Associazione Oasi Maria SS e nel rispetto di quanto stabilito dalla legge 675/96 sulla tutela dei dati personali. I suoi dati saranno utilizzati solo al fine di aggiornarLa sulle iniziative formative nella massima riservatezza e non saranno comunicati a terzi. Solo se Lei non desidera ricevere comunicazioni barrLa casella a fianco [  ].

Viaggio e soggiorno
Desidero prenotare n. _____ stanza (e) presso l’Hotel La Cittadella dell’Oasi.
Pensione completa: € 67,00: camera singola [  ]. € 62,00: camera doppia [  ]. Extra Lunch: € 20,00
Data la limitata disponibilità di camere, si consiglia di prenotare prima possibile.

Informazioni sui voli
Arrivo (giorno/ora): ___________________________ Numero di volo: ___________________________
Partenza (giorno/ora): __________________________ Numero di volo: ___________________________

Un servizio navetta sarà disponibile solo per coloro che comunicheranno il loro arrivo all’aeroporto di Catania.