

International Workshop on

Genomic Disorders, Disease-Associated Chromosome Rearrangements and Position Effect

May, 29th and 30th, 2009

Language

The conference language is **English**

Registration Form (see **Word file in bottom)**

Please complete the registration form. **Incomplete registrations will not be processed.**

Abstract

We invite and encourage the submission of abstracts. Selected abstracts will be assigned to a poster session and published in the abstract book. In addition, the organisers will select from the submitted abstracts five short communications (10 minutes each) and two 20 minutes presentations. After the registration and abstract deadline you will be notified whether you have been selected for poster or presentation.

For Abstract preparation please follow these guidelines:

- Prepare your abstract in Microsoft Word.
- Abstract title should be **BOLD**, in 11 point Arial.
- The authors' list should be in 9 point Arial and their affiliations in 8 point Arial. Please list the authors then affiliations, underlining the presenting author. For each author give the forename followed by surname.
- Separate the authors, affiliations and beginning of the abstract narrative by one line.
- Abstract should not exceed one A5 page (single spaced in 10 point Arial), with a **maximum of 250 words**.

Early registration and abstract deadline – 15th April 2009

Registration fees

125€ - Academic participant (conference lunch at INSA included)
150€ - Academic participant (conference lunch and dinner included)
250€ - Commercial participant (conference lunch and dinner included)

After 15th April 2009 the registration will be **200€** for academic and **300€** for commercial participants.

Note – The registration should be done sending the registration form by **e-mail** to **iwgendisorders2009@insa.min-saude.pt** or by **Fax** to **+351 21 7526410**. A confirmation e-mail will be sent to each accepted participant. After that the payment should be done within one week and a copy of the bank transfer receipt must be sent to the same e-mail address or fax number. The registration will only be effective after payment confirmation.

Payment

The payment can be done by bank transference to:

NIB – 0781 0112 00000004045 61
IBAN – PT50078101120000000404561
SWIFT – IGCPTPL

or by cheque in order to **INSA, IP**.

Important note

There will be no money devolution if payment is done before the e-mail confirmation of the registration.

For further information please contact:

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E-mail: iwgendisorders2009@insa.min-saude.pt

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About you:

- Name Prefix (Mr. Mrs, Dr, Prof):
- First Name:
- Last Name:
- Full Job Title:
- Mobile:
- E-mail Address:

Your organization:

- Organization Name:
- Department:
- Address:
- City:
- Zip Code:
- Country:
- Telephone Number:
- Fax Number:

Submit an Abstract? YES NO

Title:

Poster , short communication or presentation

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Important note

There will be no refund if payment is done before the reception of the confirmation e-mail.