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DEADLINE 30 MARCH 2012

When sending us the Satellite Symposia Scientific forms, you confirm that you have received the prior approval of faculties for providing us the above data.

SATELLITE SYMPOSIUM N°

The identification of your Satellite Symposium corresponds to a Session Number assigned the moment you apply. This number must be included in all communications by the Satellite organisers and their appointed agencies in order to have a concise working relationship.

In order to eliminate confusion and miscommunication, mails that do not contain this Session Number will not be immediately treated.

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Session Title:		
Full name of ACRONYM	S and ABBREVIATIONS mandatory / No PR	ODUCT NAMES or BRAND NAMES are allowed.
Organised by:		Duration : minutes
Name of the company	(ies) to be printed in all Programmes	<u> </u>
Primary Topic:	MANDATORY: ESC Congress 2012 To	pic list attached at the end of this form.

CHAIRPERSONS:

- 2 Chairpersons are mandatory for 90-minute Satellite Symposia
- 1 Chairperson is mandatory for 45 and 60-minute Satellite Symposia

1. CHAIRPERSON

Title:	Family name:		First name:			
Dept/Inst./Company:						
Address:	Address:					
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Tel:		Fax:	E-mail:			

2. CHAIRPERSON

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12.PRESENTATION / SPEAKER

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CHAIRPERSONS:

- Two "chairpersons" per 90-minute Satellite Symposium are mandatory. One "chairperson" per 45 or 60-minute Satellite Symposium is mandatory
- Must be available until the end of the session.
- One of the two Chairpersons can give a presentation.
- Cannot chair or speak another session at the same time.
- At least one Chairperson should have expert knowledge about the topic.
- Both Chairpersons should be fluent in English.
- Please mention the **First names and Last names** of the chairpersons and be sure to give their full titles, first and last names, phone, fax numbers and email address.

First names are used to match people when checking.

If name and addresses are not given, no checking (for example, for simultaneous sessions) will be done and index entries may be wrong or missing.

PRESENTATIONS:

- Please add full name of acronyms and abbreviations.
- Introductory and Concluding presentations are mandatory
- NO PRODUCT NAMES or BRAND NAMES are allowed.
- These should include the break (for 180-minute sessions) and any scheduled discussions, panels, closing remarks etc.

TOPIC:

- If not present, the "primary topic" will be used.
- If you do not supply an index topic, neither your session nor the individual presentations will appear in the indexes of the Final Programme.

DURATION:

- In minutes.
- Regulations concerning the exact number of Speakers and the duration of each presentation have been relaxed. While allowing greater flexibility the ESC stresses that the sessions should still be organised in a way that will allow adequate discussion and presentation.

SPEAKERS:

- Please do not forget the **First name & Last name** and address of each speaker. The institution will not be printed in the programme.
- Must be available until the end of the session.
- Cannot speak twice in the same session.
- Cannot speak another session at the same time.
- No more than half of the speakers should come from the same country.
- Should be fluent in English.

CHANGE IN THE SCIENTIFIC PROGRAMME / ERRATUM POLICY:

Once the title, programme and detailed content are approved, changes must not be made without the specific approval of the Congress Programme Committee.

The ESC kindly asks the Company to inform them of any modifications to the Scientific Programme before **31 May 2012** in order to be printed in the Final Programme.

Any changes must be approved by the Congress Programme Committee.

Late applications and/or content of programmes received after 31 May 2012 cannot be printed in the Final Programme.

Details received between 31 May 2012 and 31 July 2012 will appear in the ERRATUM.

Only changes of the title of the session, the name of the session organizer, the day, the room and the time will appear in the ERRATUM.

Changes in the scientific programme of Satellite Symposia content (presentations titles, name and details of faculties...) are not mentioned in the ERRATUM.

Failure to adhere to announced/approved programme content will be considered a violation of Guidelines for Industry Participation.

Extract from ESC DATA PRIVACY AND SECURITY POLICY

"Disclosure of Information and Marketing

The ESC complies with EC directives, and is registered under the data protection laws in France, and takes all reasonable care to prevent any unauthorised access to your personal data. Our ESC staff and contractors have a responsibility to keep your information confidential.

The ESC does not sell, trade, or rent your personal information to others. We may supply your information to trusted ESC contractors to perform specific services. Otherwise, we do not disclose personal information to any other person or organisation without your consent.

If you are a delegate at an ESC organised Congress or meeting, when you visit exhibiting company stands, presenting your badge may enable them to retrieve the following personal data: first name(s), last name(s), address, telephone, fax, email, and professional activity information."

"Disclosure of Conflict of Interest

The session organiser confirms that All Speakers/Chairpersons participating in this programme have fully agreed to provide the session organiser with any potential conflicts of interest that may arise from their presentations.

The existence of potential conflicts of interest does not necessarily indicate a bias. However it is the session organiser's obligation to inform the ESC and participants so that they are made aware of any relationship that might cause unintentional bias.

A potential conflict of interest may arise from various relationships, past or present, such as employment, consultancy, investments and stock ownership, funding for research, family relationship, etc...

A potential bias relevant to the topic of the accredited programme/text must be disclosed:

- at the beginning of the presentation for events
- on the introductory page of the CD ROM or Web module
- at the beginning or at the end of the CME article/text

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		12 - Spotlight 2012: 'From bench to pra	
1. Arrhythmias	Myocardial-Pericardial disease	Peripheral circulation/stroke	Pharmacology and pharmacotherapy
Arrhythmias / Pacing / Resynchronisation	3.13 Cardiomyopathies	5.11 Pathophysiology, epidemiology, diagnosis	7.08 Drug therapy
101 Mechanisms of arrhythmias	3.14 Myocarditis	5.12 Invasive / medical treatment	7.09 Guidelines and implementation in low resource settings
.02 Genetic aspects of arrhythmias	3.15 Pericardial disease / Tumours	5.13 Stroke	7.10 Pharmacogenomics
.03 Electrocardiography	3.16 Pericardial and myo cardial disease, other	Cardiovascular surgery	0.0000000000000000000000000000000000000
.04 Non invasive studies	3.17 Infectious and parasitic diseases	5.14 CAD surgery	8. Basic Science
05 Invasive electrophysiological studies	3.18 Nutritional heart diseases	5.15 Valvular heart disease surgery	Cardiovascular system (patho)physiology
06 Atrial fibrillation (AF)	3.19 M yorcardial-pericardial imaging	5.16 Minimal invasive and robotic surgery	8.01 Developmental biology
07 Supraventricular arrhythmias (excluding AF)	Congenital heart disease / Paediatric cardiology	5.17 A orta, peripheral arterial and venous surgery	8.02 Cardio vascular anatomy and pathology
08 Ventricular arrhythmias	3.20 Morphology, pathology and genetics	5.18 Heart transplantation and LV assist devices	8.03 Integrative physiology and control mechanisms
09 Sudden death / resuscitation	3.21 Grown-up congenital heart disease and surgery		8.04 Stem cells and cell therapy
10 Syncope	3.22 Foetal cardiology	6. Prevention / Rehabilitation / Sports / Nursing	8.05 Genetics and gene therapy
11 Antiarrhythmic drugs	3.23 Congenital heart disease imaging	Basic and translational science	Cardiac cellular biology
12 Catheter ablation	3.24 GUCH and paediatric cardiology others	6.01 Basic and translational science	8.06 M etabolism and metabolic syndromes
13 Cardioversion / defibrillation	3.25 Pregnancy and heart disease	Sports cardiology	8.07 Ischaemia and protection
14 Antibradycardia pacing	4. Ischaemia / CAD / ACC	6.02 Exercise testing and training	8.08 Hypertrophy, cell cycle and apoptosis
.15 Automatic implantable cardioverter / defibrillator	Thrombosis & platelets. microcirculation	6.03 Sports cardiology	8.09 Growth factors, neurohormones and signal transduction-ca
16 Resynchronisation therapy	4.01 Thrombosis and platelets	Prevention and rehabilitation	8.10 Excitation-contraction coupling and contractile remodelling
	4.02 Inflammation and micro circulation	6.04 Primary cardio vascular prevention: interventions and outcomes	8.11 Ion channels and electrophysiology
2. Heart Failure / LV dysfunction	Ischaemia / ACS / infarction	6.05 Secondary cardiovascular prevention: interventions and outcomes	8.12 Cardiac biology, other
Heart failure / LV dysfunction	4.03 Ischaemia, experimental studies	6.06 Cardio vascular rehabilitation: interventions and outcomes	<u>Vascular biology</u>
01 Pathophysiology and diagnosis	4.04 Angina pectoris stable	Epidemiology and health policy	8.13 Angio genesis
02 Pharmacologic therapy	4.05 Angina pectoris unstable	6.07 Physical activity	8.14 Lipids
03 Neurohormones	4.06 Infarction acute phase STEMI	6.08 Tobacco	8.15 Atherosclerosis
04 Medical aspects of transplantation	4.07 Infarction acute phase non STEMI	6.09 Diabetes, dysglycaemia and metabolic syndrome	8.16 Endothelial function
05 Basic mechanisms	4.08 Post infarction period	6.10 Psycho-social	8.17 Inflammation, growth factors and signal transduction- vasc
06 Cardiac surgery	4.09 Adjunctive medical therapy	6.11 Nutrition	8.18 Vascular remodelling
.07 Diastolic dysfunction	4.10 Antithrombotic agents	6.12 Overweight, obesity and central obesity	8.19 Vascular biology, other
.08 Ventricular function/haemo dynamics	4.11 Thrombolysis and mechanical reperfusion	6.13 Social, economic and cultural	
09 Peripheral circulation, metabolism and skeletal muscle	4.12 CAD and comorbidities	6.14 Cardio vascular risk	9. Cardiac Imaging / Computers
10 Prognosis	Acute cardiac care	6.15 Public health and health policy	Nuclear cardiology. CMR & CT
.11 Heart failure.other	4.13 CPR (Cardiopulmonary resuscitation)	6.16 Vital and other statistics	9.01 Scintigraphy (SPECT)
Valvular disease / Pulmonary circulation / M vocardi		6.17 Cost-effectiveness	9.02 Positron emission tomography (PET)
Pericardial disease/Congenital heart disease &			
Paediatric cardiology	5 have a discrete for the lateral and a late		000 O F
Valvular disease	5. Interventions / Peripheral Circulation / Stroke / Su		9.03 Cardiovascular Magnetic Resonance (CMR)
.01 Aortic valve disease	Coronary circulation	6.18 Acute nursing care	9.04 X-ray Computed tomography (CT)
.02 Mitral valve disease	5.01 Physiology, haemodynamics and microcirculation	6.19 Chronic nursing care	9.05 Imaging, other
.03 Endo carditis	5.02 Invasive coronary imaging		Echo cardio graphy / Doppler
04 Surgery and intervention in valve disease	5.03 Vulnerable plaque	7. Hypertension / Pharma	9.06 Echo-ventricular function
05 Valvular heart disease, other	Interventional cardiology	<u>Hypertension</u>	9.07 Echo-valvular heart disease
06 Rheumatic heart disease	5.04 PCI: pre-clinical studies	7.01 Autonomic nervous system and humoral regulations	9.08 Echo-contrast / tissue characterization
07 Valvular imaging	5.05 PCI/Stents: devices and technique	7.02 Haemodynamics, heart and hypertension	9.09 Stress echo
<u>Pulmonary circulation</u>	5.06 PCI: procedural complications	7.03 Treatment of hypertension	9.10 Echo/Doppler, other
08 A cute pulmonary embolism	5.07 PCI: lesion/patient subsets	7.04 Ambulatory pressure monitoring	Computers in cardiology
09 Chronic pulmonary hypertension	5.08 PCI: longterm outcome	7.05 Hypertension, other	9.11 ECG and arrhythmia analysis
.10 Right ventricular function	5.09 Non coronary cardiac interventions	7.06 Hypertension: regional and ethnic profiles	9.12 Internet and telemedicine
.11 Pulmonary circulation, other	5.10 Restenosis	7.07 Hypertension and diet	9.13 Image processing and DICOM

9.14 Computers and databases

3.12 Pulmonary circulation imaging