

# HEART FAILURE 2008



# 14 - 17 June 2008 Milan, ITALY

# Please return this form by 31 January 2008 to:

ESC / Industry Services – Karen Béné The European Heart House, 2035 Route des Colles, Les Templiers, BP 179 06903 Sophia Antipolis Cedex, France

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E-mail: satellite@escardio.org

|                         | SCIENTIFIC SESSION FORM  |  |            |            |         |             |  |  |
|-------------------------|--|--|------------|------------|---------|-------------|--|--|
|                         | <ul><li>☐ Lunch Satellite Symposium</li><li>☐ Evening Satellite Symposium</li><li>☐ Meet The Expert</li></ul>        |  |            |            |         |             |  |  |
| Please use the se       | Please use the session number in all correspondence.   |  |            |            |         |             |  |  |
| Session Title           | Session Title:   |  |            |            |         |             |  |  |
| Please add full na      | ame of acronyms a  | and abbreviations. NO PRODUCT NAME                           | 1ES or BRA | ND NAMES a | re allo | owed        |  |  |
| Organised by:           |  |  | Duration:  |            |         | Duration:   |  |  |
| Name of the con         | npany to be printer  | d in all Programmes  |            |            |         | .1          |  |  |
| Primary Top             |  | Please find the Topic List attached at the end of this form. |            |            |         |             |  |  |
| SATELLITE SY            | CHAIRPERSONS: SATELLITE SYMPOSIUM: 2 CHAIRPERSONS are Mandatory. MEET THE EXPERT SESSIONS: NO CHAIRPERSONS required. |  |            |            |         |             |  |  |
| Title: Dr.              | Family name:   |  |            |            |         | First name: |  |  |
| Dept/Inst./Co           | Dept/Inst./Company:  |  |            |            |         |             |  |  |
| Address:                |  |  |            |            |         |             |  |  |
| Postal code:            |  | City:  |            |            | Cour    | ntry:       |  |  |
| Tel:                    |  | Fax: E-mail:   |            |            |         |             |  |  |
| 2.CHAIRPERS             | SON  |  |            |            |         |             |  |  |
| Title: Dr. Family name: |  |  |            |            |         | First name: |  |  |
| Dept/Inst./Co           | Dept/Inst./Company:  |  |            |            |         |             |  |  |
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# PRESENTATIONS, TOPIC, DURATION and SPEAKERS: Please refer to regulations at the end of this form

| 1.PRESENTATION / SPEAKER |                 |            |            |             |               |              |           |  |
|--------------------------|-----------------|------------|------------|-------------|---------------|--------------|-----------|--|
| Topic:                   | Title:          |            |            |             |               |              | Duration: |  |
| Title: Dr.               | Family name:    |            |            |             | First name:   |              |           |  |
| Dept/Inst./Con           |                 |            |            |             |               | FII St name. |           |  |
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| Tel:                     |                 | Fax:       |            | E-mail:     |               |              |           |  |
| 2.PRESENTATION / SPEAKER |                 |            |            |             |               |              |           |  |
| Topic: Title:            |                 | / OI Enter | LANCK      |             |               |              | Duration: |  |
| Title: Dr.               | Family na       | ame:       |            |             |               | First name:  |           |  |
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| Tel:                     |                 | Fax:       |            | E-mail:     |               |              |           |  |
| 3.PRESENTATI             | ION<br>Title:   | / SPEAKER  |            |             |               |              | Duration: |  |
| торіс.                   | 116.6.          |            |            |             |               |              | Duración. |  |
| Title: Dr.               | Family na       | <br>ame:   |            |             | $\overline{}$ | First name:  |           |  |
| Dept/Inst./Con           |                 |            |            |             |               | L            |           |  |
| Address:                 |                 |            |            |             |               |              |           |  |
| Postal code:             |                 | City:      |            | Country:    |               | ntry:        |           |  |
| Tel:                     |                 | Fax:       |            | E-mail:     |               |              |           |  |
| 4.PRESENTATION / SPEAKER |                 |            |            |             |               |              |           |  |
| Topic:                   | Title: Duration |            |            | Duration:   |               |              |           |  |
| Title: Dr. Family name:  |                 |            |            | First name: |               |              |           |  |
| Dept/Inst./Company:      |                 |            |            |             |               |              |           |  |
| Address:                 |                 |            |            |             |               |              |           |  |
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| Topic:         | Title:       | Title:    |  |             |       | Duration: |           |
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|                |              |           |  |             |       |           |           |
| Title: Dr.     | Family name: |           |  |             |       |           |           |
| Dept/Inst./Con | npany:       |           |  |             |       |           |           |
| Address:       |              |           |  |             |       |           |           |
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| Tel:           |              | Fax:      |  | E-mail:     | nail: |           |           |
| 6.PRESENTATI   | on /s        | PEAKER    |  |             |       |           |           |
| Topic:         | Title:       |           |  |             |       |           | Duration: |
|                | -            |           |  |             |       |           |           |
| Title: Dr.     | Family name: |           |  | First name: |       |           |           |
| Dept/Inst./Con | npany:       |           |  |             |       |           |           |
| Address:       |              |           |  |             |       |           |           |
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| Tel:           |              | Fax:      |  | E-mail:     |       |           |           |

# **CHAIRPERSONS:**

5.PRESENTATION

- Two "chairpersons" per session are mandatory.

/ SPEAKER

- 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 as well as their city and country as follows: *A.N. Other (Berlin, Germany)*, but 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.
- NO PRODUCT NAMES or BRAND NAMES are allowed.
- These should include any scheduled discussions, panels, closing remarks etc.
- There must be at least one "presentation"

## **TOPIC:**

- If not present, the "primary topic" will be used.
- The primary topic is the topic (eg 01 Acute heart failure) under which you want the session indexed.

It is also the default category for any presentations without a category.

It is used by the Scientific Committee when analysing the results of the previous congress or planning the next one. Please be sure to use the <u>new</u> category list 2007.

#### DURATION

Lunch time Satellite Sessions: Companies organising Satellite Sessions during the lunch time will be allowed to enter in the lecture rooms at 12:35 after the scientific session and have to leave the lecture rooms at 13:50 in order to let the ESC staff prepare the following scientific sessions.

- Suggested format:

# Lunchtime session (75 minutes):

- 4 or 5 speakers:
  - A 15-minute presentation each,
  - Or a 10-minute presentation each followed by a 5-minute discussion each

# Evening session (90-minutes):

- 4 speakers:
  - A 17-minute presentation each followed by a 5-minute discussion each
  - Or a 10-minute presentation each followed by a 5-minute discussion each
    - + A 30-minute general discussion (round table/forum)
- 5 speakers:
  - 13-minute presentation each followed by a 5-minute discussion each

# Meet The Expert Session (45-minutes):

- No Chairpersons required

## **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.

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

Unless otherwise informed, the ESC may send information about its activities from time to time.

The ESC undertakes to respect the confidentiality of personal data according to the Law on data processing and Civil Liberties
78-17

of 6 January 1978, including the absolute right to access, amend and oppose any use of this personal data by contacting in writing the ESC National Society and Member Relations Department at the address mentioned below:

# THE EUROPEAN HEART HOUSE

2035 Route des Colles Les Templiers – BP 179 06903 Sophia Antipolis France

|       | TOPIC LIST 2008                               |
|-------|---|
|       |   |
| 00.01 | Renin-angiotensin-aldosterone antagonists     |
| 00.02 | Acute heart failure                           |
| 00.03 | Animal models and experimentation             |
| 00.04 | Arrhythmias and treatment                     |
| 00.05 | Beta-blockers                                 |
| 00.06 | Cardiac resynchronisation therapy             |
| 00.07 | Cardiomyopathy                                |
| 80.00 | Cellular biology & cellular electrophysiology |
| 00.09 | Coronary circulation                          |
| 00.10 | Devices / artificial heart/ CRT/ ICD          |
| 00.11 | Diagnosis                                     |
| 00.12 | Disease management programs                   |
| 00.13 | Diuretics                                     |
| 00.14 | Drug therapy, others                          |
| 00.15 | Echocardiography                              |
| 00.16 | Exercise testing                              |
| 00.17 | Gene and cell therapy                         |
| 00.18 | Heart transplantation                         |
| 00.19 | Hormones / neurohumoral regulation            |
| 00.20 | Hypertension / LV hypertrophy                 |
| 00.21 | Left ventricular function                     |
| 00.22 | Metabolism, ischaemia                         |
| 00.23 | Molecular biology and genetics                |
| 00.24 | MRI & cardiac radiology                       |
| 00.25 | Natriuretic peptides                          |
| 00.26 | Cytokines and inflammation                    |
| 00.27 | Nuclear cardiology                            |
| 00.28 | Nursing                                       |
| 00.29 | Others  |
| 00.30 | Pathophysiology                               |
| 00.31 | Haemodynamics and peripheral circulation      |
| 00.32 | Population studies / Epidemiology             |
| 00.33 | Prognosis                                     |
| 00.34 | Psychosocial /ethical concepts                |
| 00.35 | Pulmonary hypertension                        |
| 00.36 | Surgery                                       |