

### Orthopedic Lab Days - Extremity Reconstruction

Minimal Invasive Foot Surgery
July 11<sup>th</sup> 2014 - University CEU San Pablo Madrid, Spain

### **Programme**

Thursday	, July 10 <sup>th</sup>	SEATS: 24	
21:00	Dinner		
Friday, July	y 11 <sup>th</sup>		
Time	Topic	Speaker	
Part 1: Dic	lactic Session and workshop on drybone		
08:30	General principles	Mariano DEPRADO	
09:00	Fifth toe deformities	Eduard RABAT	
09:15	Hammertoes Syndrome	Mariano DEPRADO	
09:30	Bunionette	Eduard RABAT	
09:45	Metatarsalgias	Mariano DEPRADO	
10:00	Coffee Break		
10:15	Workshop on drybone	All	
11:00	Hallux-Valgus	Mariano DEPRADO / Eduard RABAT	
11:30	Calcaneal spur	Eduard RABAT	
11:45	Subtalar arthrodesis	Mariano DEPRADO	
12:00	Achilles tendon rupture	Eduard RABAT	
12:15	Workshop on drybone	All	
13:00	Conclusion	Mariano DEPRADO	
13:00	Lunch		
Part 2: Pra	actical Session (anatomical lab)		
14:00 -17:0	OO Workshop on cadaver (8 stations)	All	

Accompanying persons are not allowed to attend neither the training nor the dinner

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#### **Speakers**

Dr Mariano De Prado (Course director, Hospital Quirón, Murcia, Spain) Dr Eduard Rabat (Guest speaker, Hospital Quirón, Barcelona, Spain)

#### Course venue

UNIVERSITY CEU SAN PABLO CAMPUS DE MONTEPRÍNCIPE

Urbanización Montepríncipe 28668 Boadilla del Monte – Madrid Tel. (+34) 913 724 035

#### **Accommodation**

**AC HOTEL LA FINCA** 

Pº del Club Deportivo, 1 Parque Empresarial La Finca. Edif. 17, 28223 Pozuelo de Alarcón - Madrid Tel. (+34) 917 997 670

#### **Transfers**

Airport or train station pick up are sponsored and can be organized by Integra if travel information is received one week before the training.

#### **Contacts**

For registration or details please contact:

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Registration form to be returned before June 6<sup>th</sup>, 2014.
Please complete your details and click "SEND" to confirm your registration.

SURGEONS FEES: 250€ (Through distributors)



Hotel booking	Thursday, July 10 <sup>th</sup>	Friday, July 11 <sup>th</sup>
Other information		
Do you need an official invitation letter?	Yes	No
Specific food restriction. Please check boxes >	Vegetarian (no meat) Vegan (no meat, egg, fish, milk) No pork	
Other, please specify:		
Allergies, please specify:		
Any health problem you would like us to be informed of?		

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