日本創傷治癒学会会員の皆様

拝啓 立春の候、日本創傷治癒学会会員の皆様におかれましては、益々 ご清祥のこととお慶び申し上げます。

さて、2nd World Union of Wound Healing SocietyのSecretariat より、演題募集のご案内を日本創傷治癒学会事務局にいただきました。 ご多忙中のこととは存じますが、日本創傷治癒学会会員の皆様には 是非World Union of Wound Healing Societyに奮ってご応募頂け ますよう、何卒よろしくご検討の程お願い申し上げます。 敬具





日本創傷治癒学会 2004.2 No.19

日本創傷治癒学会事務局

〒160-8582

東京都新宿区信濃町35

慶應義塾大学医学部外科学教室内

tel. 03-3353-1211

(内線62269)

fax.03-3353-2681

e-mail:info@jswh.com

URL: http://www.jswh.com



CALL FOR ABSTRACTS

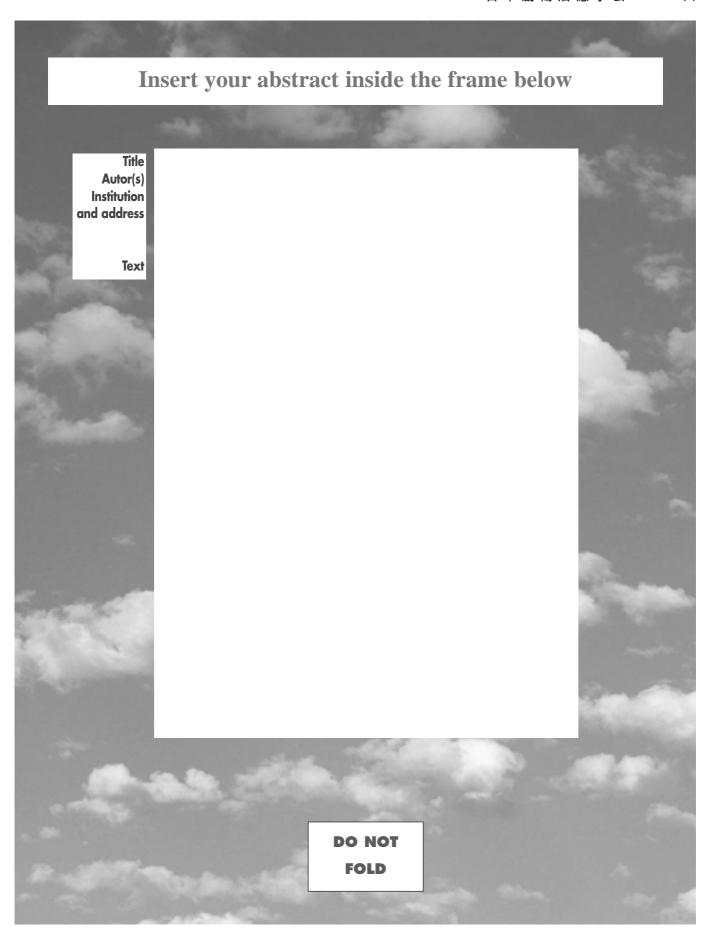
Your abstract should be received by the WUWHS Secretariat (8, rue Tronchet - 75008 PARIS - FRANCE - E-mail: mbia@wanadoo.fr) by 1 February 2004. The authors will be informed of the Scientific Committee's decision before 15 April 2004.

The Poster session will be organized in the following categories Check the category most related to your abstract			
Basic clinical (cases studies) Advanced clinical (control studies) Research Education World Union Initiatives			
Please indicate your choice Poster P			
Family name			
Title			
Institution	Address		
Zip code	City		
Country	Phone		
Fax number	E-mail		

ABSTRACT INSTRUCTIONS

- 1- The abstract should be sent first by e-mail (mbia@wanadoo.fr) or downloaded on the web-site: mfgroupe.com, if none of these two ways are possible for you, you can send it by post mail (on a disk or CD rom) at the Meeting secretariat or by fax: +33 1 40 07 10 94.
- 2- The abstract must be written on Word format (95 or higher).
- 3- Abstracts must be submitted in English or French.
- 4- The entire abstract must be contained within the format of one abstract (text to be contained within the format of height 17,00 cm (6.70 inches) and width 11,30 cm (4.45 inches) and 250 words max.
- 5- The abstract must be written single-spaced, using Arial 10 point font, and must be fully justified. DO NOT use a smaller font, as the abstract will later be reduced to 70% of the size for printing in the abstract book.

 6- The abstract title (2 lines maximum) should clearly define the content of the paper. In the title use all CAPITALS bold letters
- and no abbreviations. Do not centre, start at the left margin.
- 7- Type the authors initials followed by family name, then back ground (MD, PhD, RN, Pod, Phys Ther) followed by the rest of the authors names (maximum 5), then the affiliations name and adress of the institution, e-mail of the presenting author.
- 8- The mailing address box must be filled in properly for correspondence purposes.
- 9- Structure the abstract following IMReD (Introduction, Methods, Results, Discussion)
- 10- In case of support by a grant, please indicate the source of funding. Disclosure is obligatory.
- 11- Charts or graphs should be inserted in the abstract (files from separate software cannot be implemented).
- 12- Number references (if any) in the order in which they appear in the text.
- 13- Indicate the category (topic) into which the abstract should fit in.
- 14- Indicate your choice (poster or oral communication or no preference).



JSWH NEWS LETTER



2nd World Union of Wound Healing Societies' Meeting

8-13 July 2004

Palais des Congrès - Porte Maillot - 75017 Paris, France

Registration form

Registration on line: www.wuwhs.org *Pr*ofessional address

Family name				
First name				
Address				
Speciality			. Hospital practitioner	
Zip code				
City Country				
•		•	E-mail	
PRE-REGISTRATION BEFORE 25 JUNE 2004				
AFTER 25 JUNE 2004 REGISTRATION ON SITE				
Registration fees	before 30 May 2004	after 30 May 2004	Find enclosed a cheque/bank draft made payable to MF CONGRES/WUWHS	
Physicians			for :	
• 6 days	□ € 350	□ € 400	Find enclosed the copy of the bank transfer. Payable to MF CONGRES/WUWHS	
• 3 days Thursday to Saturday	□ € 250	□ € 300	for:€	
• 3 days Sunday to Tuesday	□ € 250	□ € 300		
			☐ Payment by credit card ☐ MASTER CARD ☐ VISA ☐ AMEX	
All other health professionals			Number:	
(e.g. nurse, therapist, etc.)	D.C.050			
6 days3 days Thursday to Saturday	□ € 250 □ € 1 <i>75</i>	□ € 300 □ € 195		
• 3 days Sunday to Tuesday	□ € 175	□ € 195 □ € 195		
- 3 days 3011day to libesday	4 C1/3	<u> </u>	Expiry date	
Accompanying person	□ € 125	□ € 125	SIGNATURE	
			SIGNATURE	
Total = €				
BANK : CREDIT LYONNAIS - 3 SWIFT BANK CODE POSITION CODE CRLYFRPP 30002 00561	ACCOUNT N° KEY	02 Paris - France DOMICILIATION CL PARIS AG. CENTRALE		

Cancellation Policy

Registration cancellations must be notified before the 15/06/04. There will be no refunds for cancellations received after this date. A processing fee of \in 75 will be charged for all cancellations. Refunds will be processed after the meeting.

WUWHS Secretariat

8, rue Tronchet - 75008 Paris - FRANCE
Phone : 33 1 40 07 11 21 - Fax : 33 1 40 07 10 94

E-mail : mbia@wanadoo.fr