**Professeur Claude STOLL Strasbourg, June 1, 2013**

**Laboratoire de Génétique Médicale**

**Faculté de Médecine**

**11, rue Humann**

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**FRANCE**

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**Fax: +33(0)3.68.85.31.79**

**E-mail: cstoll@unistra.fr**

Dear Colleagues,

You have been informed by Jean-Pierre FRYNS that the **"Twenty-fourth European Meeting on Dysmorphology"** will be in Strasbourg on **September 5 and 6, 2013**.

The meeting and housing will be in "**Le Bischenberg**" which is a nice meeting place located in the Vosges mountains, 20km West from Strasbourg.

The meeting will start on **Thursday, September 5 at 8.00 am.,** and it will end on **Friday, September 6 at 11pm**. *Arrival on Wednesday September 4th, late afternoon*.

Please could you return to me before **JUNE 30**, the enclosed registration form and abstract form (a copy of the abstract form (see guidelines) has to be sent to J.P. FRYNS).

**Please, could you send these forms preferentially by e-mail?**

Remember that it was decided that only **one presentation per participant** will be possible.

Thanking you in advance.

Yours sincerely

Pr Claude STOLL

P.S. The 4 sessions will be on:

1. **MCA/ID syndromes**
2. **Fetal pathology**
3. **Diaphragmatic hernia**

**4** . **Congenital anomalies of the kidney and urinary tract (CAKUT)**

There will also be a session on **"Unknown"**.

**24th EUROPEAN MEETING ON DYSMORPHOLOGY**

Strasbourg, France, September 05-06, 2013

FULL NAME ………………............................................................................................................................................

ADDRESS .....………………………………………………………….…………………………………………………….

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# ABSTRACT FORM

(Title, Authors, Affiliations, Text).

To be sent to: Please, send a copy to:

Pr. C. STOLL Pr. Dr. J.P. FRYNS

Laboratoire de Génétique Médicale Center for Human Genetics

Faculté de Médecine U.Z.Gasthuisberg

11, rue Humann Herestraat, 49

67085 STRASBOURG Cédex (France) B-3000 LEUVEN(Belgium)

Fax (33)3.68.85.31.79 Fax (+32)16.34.60.51

E-mail: [cstoll@unistra.fr](mailto:cstoll@unistra.fr) E-mail: [Jean-Pierre.Fryns@med.kuleuven.be](mailto:Jean-Pierre.Fryns@med.kuleuven.be)

Not later than **June 30, 2013**

**24th EUROPEAN MEETING ON DYSMORPHOLOGY**

**Strasbourg, France, September 05-06, 2013**

**TO BE RETURNED NOT LATER THAN JUNE 30, 2013**

**REGISTRATION FORM :**

NAME ........................................................................................ FIRST NAME ------------------------------------------------------

STREET.........................................................................................................................................................................................................

CITY................................................................................................................................................................................................................

COUNTRY ...............................................................PHONE......................................................FAX……………….......................................................

E-MAIL....................................................................................................................................................................................................

AFFILIATION........................................................................................................................................................................................

**REGISTRATION FEES**

**650 € (six hundred fifty Euros)**

This fee includes documentation, the meals and the hotel accommodation : September 04, 05 and 06.

Total amount due has to be sent **before June 30, 2013** to:

Banque Populaire d’Alsace, Agence Ancienne Douane

Code 17607-00001 - Acct : “ APPROMERE ”, N° 06193794351 Rib 91

IBAN: FR76 1760 7000 0106 1937 9435 191 -BIC: CCBPFRPPSTR

Please, don't forget to give your name when sending the money and be sure that **650 €** **will really be paid to our bank** and specify **"FREE OF CHARGE FOR APPROMERE"**. Any charges for banking fees or incorrect remittance of registration fees will be collected on site.

**ARRIVAL DATE**............................................................... By (car [ ], plane [ ], train [ ])

From........................................................To................................................................

ARRIVAL TIME….............................................................

**DEPARTURE DATE...................................................**

**RETURN BEFORE JUNE 30, 2013** to:

Pr. Claude STOLL

Laboratoire de Génétique Médicale

Faculté de Médecine, 11, rue Humann

67085 STRASBOURG Cédex, France

Fax: (+33)3.68.85.31.79

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