

For your registration

Please fill in your address on the front page,
Tear off the section and fax it to +386 4 2569 117
Or send it back in a stamped envelope to Golnik
hospital.

KOPA Golnik
Golnik 36
SI-4204 Golnik
Slovenia

Introduction

Dear Colleagues!

University Pulmonary Clinic Golnik, Slovenia will organize 10th bronchoscopy course, which will take place at Golnik from 15th to 16th of October 2010.

Two days hands-on course in diagnostic and interventional procedures is intended for physicians who want to train and perform diagnostic and therapeutic bronchoscopy. The official language of the meeting will be English. The number of participants is limited to max. 30.

One part of the course is devoted to “hands on” workshop and another to theoretical aspects of bronchoscopy.

International and Slovenian experts will present topics. The participants will have the opportunity to discuss with experts and to apply new skills in workshops. The operating rooms are equipped with full video equipment.

*I look forward to hearing from you.
Sincerely yours,*

*Nadja Triller, MD
Head of bronchoscopy school Golnik*



The University Clinic of Pulmonary and Allergic Diseases Golnik
Golnik 36, SI-4204 Golnik, Slovenia

Tel.: +386 4 2569 492
Fax: +386 4 2569 117
Web page: www.klinika-golnik.si and
www.olympus-europa.com/broncho
E-mail: irena.dolhar@klinika-golnik.si

Registration fee: 300 €

Registration and payment details

You can also register via e-mail by sending your registration to Irena Dolhar:
E-mail: irena.dolhar@klinika-golnik.si.

Please pay your fee via bank transfer and please do not forget to state your name as our reference even if your employer/hospital is paying the fee.

Transfer the full amount to the following account:

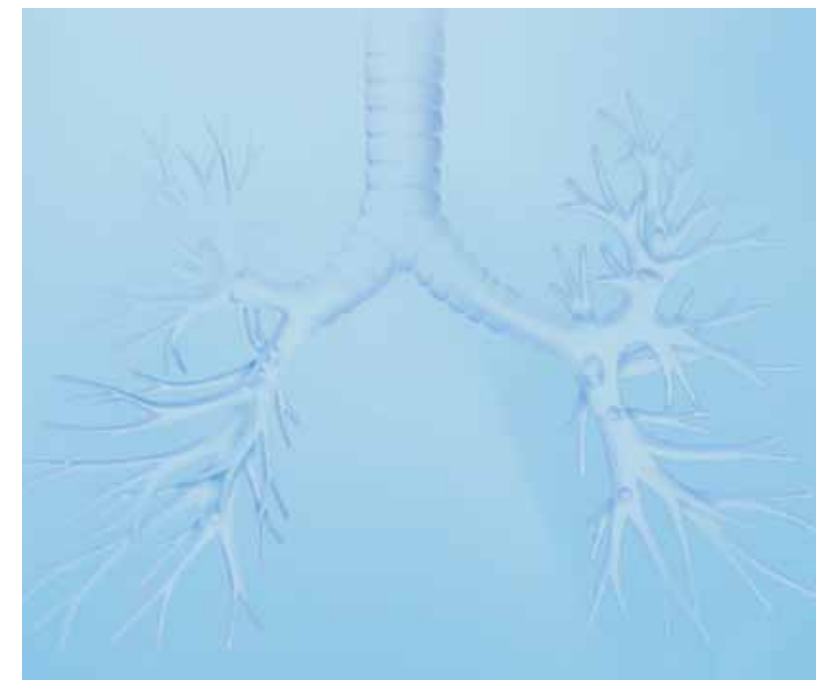
Recipient: Bolnišnica Golnik – KOPA
Reference: Bronchoscopy Course + Your name

Account number: 01100 – 6030277603
SWIFT code: BSLJSI2X
IBAN: SI56011006030277603

10th International diagnostic and interventional Golnik bronchoscopy Course



Golnik, Slovenia
October 15th/16th 2010



Faculty

Course director:

Nadja Triller, MD
Dept. of Pulmology
The University Clinic of Pulmonary
and Allergic Diseases Golnik, Slovenia

Invited Speaker:

Stefano Gasparini, MD, F.C.C.P.
Department of Internal Medicine, Immunoallergic and
Respiratory Diseases
Azienda Ospedaliero-Universitaria "Ospedali Riuniti", Ancona,
Italy

Ralf Eberhardt, MD
Dept. of Pulmology
Thoraxklinik, Heidelberg, Germany

Izidor Kern, MD
Laboratory for otology and patalogy
The University Clinic of Pulmonary and Allergic Diseases
Golnik, Slovenia

Ales Rozman, MD
Dept. of Pulmology
The University Clinic of Pulmonary and Allergic Diseases
Golnik, Slovenia

James Dixon
System Integration division
Olympus Europa Holding GmbH, Hamburg, Germany

Program

Day 1 October 15th, 2010

9:00 – 9:20	Registration
9:20	Introduction Nadja Triller
9:30	All the possibilities of TBNA Stefano Gasparini
10:00	Endobronchial ultrasound, mediastinal staging Ales Rozman
10:20	Techniques for diagnosing peripheral pulmonary nodules Nadja Triller
10:40	ROSE Izidor Kern
11:00	coffee break
11:30	Clinical cases and discussion Stefano Gasparini
12:00	Clinical cases and discussion Ales Rozman
12:30	Clinical cases and discussion Nadja Triller
13:00	lunch
14:00	workshops: A TBNA & ROSE Stefano Gasparini B EBUS Ales Rozman / Mateja Marc Malovrh C Lung biopsy techniques and BAL Katarina Osolnik / Luka Camlek D Electrocautery, APC, Cryotherapy Nadja Triller
19:00	Depart to hotel
20:00	Pick up for evening program

Day 2 October 16th, 2010

8:30	Pick up at the hotel
9:00	Lung volume reduction, IBV Valve System Ralf Eberhardt
10:00	Live demonstrations Ralf Eberhardt
12:00	Workshop – IBV Valve System placement with flexible bronchoscopeable bronchoscope Faculty
13:00	launch
14:00	ENDOALPHA G&R James Dixon
14:30	Hands-on on ENDOALPHA James Dixon
15:00	End of workshop

Registration Card

Fax to: +386 4 2569 117

Attn: Mrs. Irena Dolhar
Golnik bronchoscopy Course

I will participate

- in the training with ___ person (s).
 in the dinner of October 15th with ___ person (s)

Sender (please fill in clearly)

name/title

practice/institution/hospital

function

phone

street number

zip code, city country

E-mail

date, signature