

BIRTH, THE BEGINNING OF DEVELOPMENTAL FREEDOM
Jerusalem Jubilee Symposium
September 2-5, 2000

It is an honour and great pleasure to announce the forthcoming Symposium to be held at the Pontifical Institute, Notre Dame of Jerusalem Center, September 2-5, 2000, to be chaired by Professor Shaul Harel, Paediatric Neurologist.

This promises to be an important forum from the medical, ethical and religious point of view, with a plenary on '**Children in the Year 2000**' to be presented by **His Excellency, Archbishop Pietro Sambi**.

Mark your calendar:

Jerusalem, Israel

Topics of Discussion

┆September 2-5, 2000

┆New Technologies in Prenatal Diagnosis

┆Increased Frequency of Genetic Thrombophilias
in Women with Complications of Pregnancy

┆Fetal Ultrasonographic Abnormalities and
Neurodevelopmental Outcome

┆Advances in Neonatal Care for the Prevention of
Brain Damage in the Premature Newborn

┆Neonatal Spontaneous Motility: an Early
Predictor for Neurodevelopmental Outcome

┆Medical and Surgical Management and
Prognosis of Intraventricular Haemorrhage (IVH)

┆Pre and Perinatal Risk Factors and Outcome in
Neurodevelopmental Disabilities

┆Prevention of Perinatal Brain Injury: The Role of
Hypothermia and Hypermagnesemia

┆The Fetus at Risk: Bioethical and Juridical Issues

Language

English

Call for Papers

Participants wishing to present a paper should contact the Secretariat. All accepted abstracts will be scheduled for Poster Presentation

Touring in the Holy Land

Optional Tours will be planned prior to the Symposium

Assisi Meeting

Participants attending both Meetings will receive free transportation from Rome Airport to Assisi, September 5

To Register

Please contact the Secretariat at Target Tours:

Jerusalem Jubilee Symposium

P O Box 29041, Tel Aviv, Israel, 61290

Tel: +972 3 5175150, Fax: +972 3 5175155,

e-mail: Jubilee@targetconf.com

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REGISTRATION FORM

Please **TYPE** or **PRINT** in **BLOCK LETTERS** and AIRMAIL or FAX to:
Jubilee Symposium, Target Tours, PO Box 29041, Tel Aviv 61290, Israel
Tel: +972 3 5175150, Fax: +972 3 5175155

Family Name _____

First Name/s _____

Title: Prof Dr Mr Ms

Full Mailing Address _____

Zip Code _____ Country _____

E-Mail _____

Fax _____ Tel _____

Accompanying Person
Family Name _____ First Name _____

REGISTRATION FEES

July 15, 2000

	Before	After
Participant	<input type="checkbox"/> US\$ 350	<input type="checkbox"/> US\$ 375
Participant attending Assisi Symposium	<input type="checkbox"/> US\$ 300	<input type="checkbox"/> US\$ 350
Accompanying Person	<input type="checkbox"/> US\$ 150	<input type="checkbox"/> US\$ 150

Enclosed please find **cheque** in the amount of US\$ _____
payable to Jerusalem Jubilee Symposium
cheque no _____ bank _____

or

I have made a **bank transfer** of US\$ _____ as follows:
Bank Leumi, North Branch 804, 87 Ben Yehuda Street, Tel Aviv, Israel
to account number (950) 218 194/79

or

Charge US\$ _____ to **credit card** as below:

American Express Diners Club Mastercard Visa

Credit Card No. _____ Date of Expiry _____

Signature _____ Date _____