

# ISBRA Satellite Symposium 2010

Alcohol as a Modifier of Biological Responses: Recent Updates

September 12, 2010

*Hôtel Mercure Paris Tour Eiffel Suffren*

Paris, France

8:00 am – 6:30 pm

## Registration and Abstract Submission:

- Registration is free
- Abstracts deadline is ~~July 15, 2010~~ (utilize the ISBRA format)

## Sessions:

- Tissue damage and repair
- Molecular Pathways and cellular interactions
- Mediators and co-factors
- Short Talks: Selection from submitted abstracts
- Poster Session

**Registration and Abstract Deadline:  
July 23, 2010**

## Confirmed Speakers:

*Key Note:* Roger Davis, United States  
Steven Dooley, Germany  
Ali Keshavarzian, United States  
Craig McClain, United States  
Helmut Seitz, Germany

Jan Hoek, United States  
Elizabeth Kovacs, United States  
Patricia Molina, United States  
Claudia Spies, Germany

Yes, I am interested in attending the ISBRA Satellite Symposium 2010 Conference

Yes, I will be submitting an abstract for the Poster Session

## **Please remit this form and conference abstract to:**

Christiann M. Gibeau

[Christiann.gibeau@umassmed.edu](mailto:Christiann.gibeau@umassmed.edu)

## TRAVEL AWARDS

Travel awards will be available to participants toward travel expenses and housing to attend the satellite "Alcohol as a Modifier of Biological Responses-Recent Updates."

## Eligibility:

- Graduate students, post-doctoral fellows and junior faculty are encouraged to apply

## Application:

- Request deadline is ~~July 15, 2010~~
- Include abstract and brief explanation justifying the need for a travel award

## **Please remit travel award request and corresponding abstract to:**

Geoffrey M. Thiele, PhD

[gthiele@unmc.edu](mailto:gthiele@unmc.edu)



# ISBRA Satellite Symposium 2010

## Call for Abstracts

### Detailed Guidelines

The ISBRA Satellite Symposium 2010 welcomes ISBRA members, as well as scientific and clinical colleagues from around the world. The Poster Session will have relevance to laboratory scientists, clinicians who treat alcohol-related disorders, clinical researchers and policy makers.

There will be provision for up to 30 poster presentations and six Short Talks. Some of the abstracts accepted may be selected for a Short Talk/Travel Award.

#### **Abstract Proposal Instructions and Guidelines**

Each Poster Session presenter participating in the symposium should fill in the **registration form** at the ISBRA satellite website (<http://www.isbra.com>) by the proposal deadline, ~~July~~ **July 15, 2010**. Submissions should be sent to Ms. Christiann Gibeau at [christiann.gibeau@umassmed.edu](mailto:christiann.gibeau@umassmed.edu).

All poster abstracts must be submitted in Word with Verdana font size 10. Abstracts should be limited to 300 words. You must register for the meeting BEFORE submitting your abstract. Only *registered* attendee's abstracts will be reviewed and considered for inclusion in the program and for Travel Awards. Please see the Awards page for further details regarding Travel Award consideration and process.

Questions? Please contact Christiann Gibeau at [christiann.gibeau@umassmed.edu](mailto:christiann.gibeau@umassmed.edu)





UMASS MEDICAL SCHOOL CONFERENCE  
September 11<sup>th</sup>

Hôtel Mercure Paris Tour Eiffel Suffren  
20, Rue Jean Rey  
75015 PARIS  
Fax : 33.1.45.78.91.42

**HOTEL FORM**

**PLEASE FILL IN THIS FORM AND RETURN IT BEFORE AUGUST 30<sup>TH</sup>, 2010:  
WE WILL MAKE THE BOOKING ACCORDING TO OUR AVAILABILITY.**

**PLEASE WRITE YOUR COMPLETE NAME AND ADDRESS ON THE FORM  
IN ORDER TO CONFIRM THE BOOKING**

SURNAME \_\_\_\_\_ FIRST NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY / ZIP : \_\_\_\_\_ POST CODE : \_\_\_\_\_

PHONE : \_\_\_\_\_ FAX : \_\_\_\_\_

① ARRIVAL DATE : \_\_\_\_/\_\_\_\_/\_\_\_\_ AT \_\_\_\_ O'CLOCK.

② DEPARTURE DATE : \_\_\_\_/\_\_\_\_/\_\_\_\_.

<b><u>TOTAL OF ROOMS RESERVATION</u></b>	
<b><u>AMERICAN BREAKFAST BUFFET INCLUDED</u></b>	
__ Room(s) Single(s) standard €185:	Name _____
__ Room(s) Double(s) standard € 200:	Name _____

**PAYMENT**

**Full expenses to be paid on the spot by the guest before departure. In case of non payment, hotel will charge this credit card number for amount not paid**

**Cancellation without charges until 7 DAYS before day of arrival, after this date the first night will be charged on your credit card number.**

**We need a credit card number with expiration date to guarantee the reservation:**

---- / ---- / ---- / ---- exp :-- / -- Holder name : -----

Date : ...../...../.....

**SIGNATURE**