



Istituto Ortopedico G. Pini La Biblioteca Informa “Convegni e Corsi dell’Istituto”



Airports:
Milan Linate: close to the town
Milan Malpensa: about 70 km far



Informations

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Address

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Programme

MAC Course Multi Axial Correcting External Fixation System

December 3rd, 2007
Istituto Ortopedico “G. Pini”
Milan, Italy



BIOMET



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Istituto Ortopedico G. Pini

La Biblioteca Informa

“Convegni e Corsi dell’Istituto”



Monday, December 3rd

Course Director: Giovanni Peretti, MD

8:00	WELCOME	Peretti
8:10	INTRODUCTION	Peretti
9:00	THE MAC SYSTEM	Emodi
9:30	OPERATION ROOM – LOWER LIMB CORRECTION	Peretti, Verdoni, De Bartolomeo
10:30	INTRODUCTION OF CASES AND PLANNING	Verdoni
11:30	COFFEE BREAK	
11:40	CORA COMPATIBLE SYSTEM	Verdoni
11:50	WORKSHOP: CORA CENTRIC APPLICATION TO A DISTAL FEMORAL VALGUS DEFORMITY	Emodi, Zanotti, Verdoni, De Bartolomeo
12:30	CORA PERPENDICULAR APPLICATIONS AND THE ARTG (ANGULATION RATE TURN GUIDE)	Verdoni
13:15	LUNCH	
14:30	WORKSHOP: CORA PERPENDICULAR APPLICATION TO DISTAL FEMORAL VARUS DEFORMITY - PRACTICE WITH THE ARTG	Emodi, Zanotti, Verdoni, De Bartolomeo
15:15	ROTATION AND CENTERING WITH THE MAC	Peretti
15:30	WORKSHOP: MAC ROTATION ARC APPLICATION TO ADOLESCENT BLOUNTS DEFORMITY	Emodi, Zanotti, Verdoni, De Bartolomeo
16:15	HELPFUL HINTS	Emodi
16:45	WORKSHOP: XS-MAC ROTATION ARC APPLICATION TO BLOUNTS DEFORMITY	Emodi, Zanotti, Verdoni, De Bartolomeo
17:00	CONCLUSIONS AND CLOSE	

REGISTRATION

Send fax to: +39 2 98281586

Time for application: November 12th, 2007

YES, I would like to participate in the Biomet MAC course on December 3rd, 2007

Please keep in mind, that we only have **limited capacities** - therefore you should make your reservation as soon as possible.

The **course fee** amounts to € 150,00 - which must also be transferred by the 12th november to complete your registration.

Bank code: Fortis Bank SA/NV

Account number: 2185001

For International bank transfers please use:
IBAN: IT22 X035 9501 6010 0000 2185 001
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As tranfer reason please use:
“MAC course Milan + your name”

Surgeon Name:

Hospital:

Department:

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