2nd Announcement
Call for Abstracts

15th European Congress of Trauma & Emergency Surgery

&

2nd World Trauma Congress

Innovation in Trauma Care

May 24 - 27, 2014
Frankfurt / Germany
Congress Center

Organised by
European Society for Trauma & Emergency Surgery
World Coalition for Trauma Care
German Trauma Society

www.estesonline.org

www.wtc-2014.org

Invitation & Welcome

ECTES 2014 & 2nd World Trauma Congress – Innovation in Trauma Care

Dear Colleagues and Friends,

I would like to invite you to the 15th European Congress of Trauma & Emergency Surgery and the 2nd World Trauma Congress to be held in Frankfurt am Main, Germany, May 24th to 27th, 2014.

The congress will be organized by the European Society for Trauma and Emergency Surgery (ESTES) and the German Trauma Society (DGU) and this time in cooperation with the newly founded World Coalition for Trauma Care (WCTC), which has been established in 2012. Thus, this meeting will cover with up to date issues of Trauma Care, Orthopedic Trauma, Emergency and Acute Care Surgery, Visceral and Multiple Trauma, Surgical Intensive Care, Disaster & Military Surgery as well as World Wide Aspects related to the Decade of Action on Road Safety of the WHO. As the congress will be supported up to now by most of the International Societies in this area as well as by now over 50 National Societies, we can really expect a summit on Trauma Care in 2014 in Frankfurt.

Please have a look at the Preliminary Programme and keep in mind the deadline for Abstract Submissions on Wednesday, November 6, 2013.

Please feel free to contact me, if you or your society will contribute to the meeting, always in mind to improve prevention and care of trauma and surgical emergencies.
With best regards, on behalf of the presidents of ESTES (Prof. Leenen), WCTC (Prof. Coimbra), DGU (Prof. Bouillon) and the ECTES & 2nd WTC General Secretary (Prof. Rommens).

Prof. Dr. med. Ingo Marzi,
President ECTES 2014 & 2nd WTC

Ingo Marzi
ECTES 2014 & 2nd WTC President

Luke Leenen
ESTES President 2013/2014

Raul Coimbra
World Coalition for Trauma Care President

Bertil Bouillon
DGU President 2014

Pol M. Rommens
ECTES & World Trauma Congress General Secretary

Important Dates

Monday, September 2, 2013 Start abstract submission	**Friday, January 10, 2014** Notification of abstract acceptance
Wednesday, November 6, 2013 Deadline for submission of abstracts	**Friday, February 28, 2014** Deadline for early bird registration fee, registration cancellation
Monday, December 2, 2013 Start online registration	**Friday, April 25, 2014** End of regular fee
Saturday, May 24 – Tuesday, May 27, 2014 15th European Congress of Trauma and Emergency Surgery and 2nd World Trauma Congress	

Programme at a Glance

	Saturday, May 24	Sunday, May 25	Monday, May 26	Tuesday, May 27
08:00		**Scientific Sessions**	**Scientific Sessions**	**Scientific Sessions**
10:00		Coffee break	Coffee break	Coffee break
10:30		**Scientific Sessions**	**Scientific Sessions**	**Scientific Sessions**
12:00		Lunch break / Satellite Symposia	Lunch break / Satellite Symposia ESTES General Assembly	Lunch break / Satellite Symposia
14:00		**Scientific Sessions**	**Scientific Sessions**	**Scientific Sessions**
15:30		Coffee break	Coffee break	Coffee break
16:00	Start Registration	**Scientific Sessions**	**Scientific Sessions**	**Scientific Sessions** **Closing Ceremony**
from 18:00		**Opening Ceremony**	**Official Congress Evening (at own expense)**	

Main Topics

- **World Trauma Congress / Polytrauma / Neurotrauma**
- **Emergency Surgery / Acute Care Surgery / Surgical Intensive Care**
- **Skeletal Trauma / Orthopedic Trauma / Orthopedic Surgery**
- **Visceral Trauma / Abdominal Trauma / Thoracic Trauma / Vascular Trauma**
- **Military and Disaster Surgery / Education / Miscellaneous**

Pre- & Post Courses

- DSTC
- DITAC
- MuSEC
- ETCO
- ATLS
- Vascular Trauma

Sessions

World Trauma Congress / Polytrauma / Neurotrauma

RT - WHO/WCTC: Global Alliance for the Care of the Injured (GACI)
- Improving Trauma Care Worldwide: Do we need a world coalition?
- Trauma Systems Worldwide: Where we are and where do we need to go?
- Collaboration in trauma system development: The Indian-Australian Collaborative experience
- WHO Global Alliance for the care of the injured – What is supposed to do?

ILC - ECTES/WTC: Prehospital care in trauma
- Still Scoop and Run
- Still Stay and Play
- Role of Air Transport
- In austere environments

RT - WTC/ECTES: Emergency Room Diagnostic Tools
- Austere environments – Which diagnostic tools to use
- Ultrasound, Fluoroscopy, DPL, and conventional radiology: What works, what does not?
- Whole body scan
- Contrast CT-Scan: Routine or Selective?
- Modern Settings- Mobile CT- with interventional options

RT - ESTES Education Section: Algorithms and Quality in the Emergency Room
- Global needs analysis
- ATLS-Concept
- DSTC
- ETCO
- The educational perspective (In House Team Training)

ECTES/WTC: Decision Making: Operative Algorithm
- Early Total Care – still a choice?
- Damage Control Orthopedics
- The Bleeding Patient
- Neurotrauma and instable injuries: What comes first?
- What stabilization is necessary for Intensive Care

RT - ECTES (with EMN): Neurotrauma in the polytrauma patient
- Bleeding control first
- Decompression first
- Damage control strategies: How to use and prioritize?
- Staged treatment procedure and effect on MODS
- Intensive care of the combined neurotrauma and polytrauma

ILC - ATLS: Achievements and Advances of ATLS

ILC - ECTES/WTC/DIVI: Modern Aspects of Surgical Intensive Care
- Preventive rotational/proning bed therapy after multiple trauma
- Fast track extubation of the polytrauma patient
- Nutrition of the surgical ICU patient: how to do it?
- Antibiotic prophylaxis in the surgical ICU: when, how, what and why?
- Use of modern technology for physiologic monitoring: what works?

RT - WTC/ECTES: Detection and Management of Complications
- Incidental findings during Trauma-Scan and how to deal with them
- Immunosuppression and Infection during posttraumatic course: what are the therapeutic options
- Bacterial and Viral Complications after polytrauma: what to do?
- Is re-intubation a major morbidity in the ICU?
- Timing of follow-up operations after initial damage control: which parameters have been proven useful to decide?

RT - WTC/ECTES: New surgical procedures for multiple trauma patients: status of evidence
- Early stabilization of chest wall – When to do it?
- Percutaneus dilatation tracheostomy – should it substitute open tracheostomy?
- Endovascular Treatment for Thoracic Aortic Tears
- Early Decompressive Craniotomy: a new way to go
- Major vascular injuries of the chest

ILC - ECTES: Further development of Trauma Scores – New perspectives

ILC - ECTES: Trauma registries
- German Trauma Registry
- TARN
- AFEM trauma bank

ILC - ESTES ST: Who cares for the trauma patient around the world
- The English system
- The Dutch system
- The Indian system
- The Greek system
- The Brazilian system
- The US system

KS - ECTES: Research in trauma
- Key note: New Signals in trauma
- Key note: Experimental Models for modern Trauma Research

Emergency Surgery / Acute Care Surgery / Surgical Intensive Care

ILC – AAST: Multi-Organ Damage Control Strategies
- Damage Control Approaches: Abdomen & Pelvic
- Thoracic Damage Control
- Vascular Damage Control: Ligation, shunts and other maneuvers
- Critical Care: Resuscitation goals & endpoints for the damage control patient
- Damage Control Resuscitation: factors, pro-coagulants, monitoring

RT - ECTES ES: Complications in Emergency Surgery
- Surgical Complications
- How to avoid surgical complications: learning from mistakes
- Surgical ego and the neglected complication
- Managing complications in unfamiliar territory
- Patient safety in surgery

ILC - ESTES ES: Critical Care in the Surgical Patient
- Damage limitation in emergency surgery
- Planned re-laparotomy: do we need to optimise physiology and immunology first?
- Fluid management in the critically ill surgical patient
- Complex abdominal sepsis: managing the fistulating laparostomy
- Surgical emergencies in pregnancy: the two patient rule

ILC - ECTES: Antibiotics in surgery
- Infections in Trauma Patients: Different problems throughout the world
- Infections after abroad situations
- What is new in antibiotic therapy
- Biofilm-penetrierende Antibiotika
- Coated Implants
- Bone scaffolds with antibiotics

ILC - ESTES ES: Complications in Surgery
- Postoperative hemorrhage: a management strategy
- Anastomotic breakdown: therapeutic options
- Dealing with complications of biliary surgery
- Abdominal collections: how to approach them
- Pseudomembranous colitis: when medical management fails

ILC - ECTES: Bleeding Control in Trauma
- Intraoperative Maneuvers and Tricks to control massive bleeding: solid organs
- Intraoperative Maneuvers and Tricks to control massive bleeding: vascular injuries
- Options of Angioembolisation
- A systematic approach for pelvic bleeding
- Optimizing clotting in Trauma: Is 1:1:1 the way to go

Skeletal Trauma / Orthopedic Trauma / Orthopedic Surgery

ILC - Gerhard Küntscher Society: Nailing of metaphyseal fractures- What have we learned?
- Proximal Femur
- Distal Femur
- Proximal Tibia
- Distal Tibia

-Reconstruction of the lower extremity by means of an intramedullary device

KS - ESTES ST: Fractures and dislocations of the foot
- Lisfranc fracture dislocation
- Hindfoot dislocations
- Internal fixation of calcaneus fracture
- Fractures of the Talus
- Injuries of the Ankle

ILC - ESTES ST: Complex joint lesions of the lower extremity
- Joint fractures – arthroscopic options
- Joint fractures – open requirements
- Knee luxtions
- Reconstruction or prosthesis
- Bone defect management: synthetic material
- Bone defect management: RIA, stem cells

GS – DVSE: Focus on Elbow Trauma
- Simple Elbow Dislocation: Diagnostics and treatment
- Coronoid fractures
- Distal humeral fractures
- Proximal ulna fractures
- Posttraumatic Elbow stiffness

ILC - ESTES ST: Sport traumatology
- Cycling Accidents: typical patterns
- Sports Injuries of the Hand
- Sports Injuries of the Elbow

RT - ESTES ST: Fractures in the elderly: Care pathways
- Geriatric fracture centre
- Geriatric care pathway: who has to participate
- A comprehensive care pathway for the treatment of hip fractures in the elderly
- Osteoporotic fractures of the spine
- Multiple injury in the elderly

GS – BG-Hospitals: Current and future concepts for treatment of non unions

KS - ECTES: Trauma during Childhood
- Sports Injuries in Childhood

Visceral Trauma / Abdominal Trauma / Thoracic Trauma / Vascular Trauma

ILC - ESTES VT: Perihepatic vascular injury: Traumatic and Surgical
- Traumatic liver injury: Life saving procedure; How to do it?
- Traumatic liver injury: Ligate on which long term consequences?
- Perihepatic vascular injury during surgery: Current Management

ILC - Panamerican Trauma Society (PTS): Innovations in the management of the severely injured patients
- Minimally invasive aortic occlusion in the resuscitation of "extremis" patients
- Laparoscopy in the diagnosis and management of abdominal trauma
- Advances in the surgical treatment of liver injuries
- Damage-control techniques in vascular injuries
- Current concepts in hemostatic resuscitation

ILC - ECTES: Interdisciplinary Management of Thoracic Trauma
- Diagnostic Procedures
- Blunt thoracic Trauma
- Major Vascular Injuries
- Heart injuries
- What procedures are indicated in austere environments

KS - ESTES VT with DGCH/ISTAC: Intra-Abdominal Infections
- Open Abdomen in Trauma
- Role of Vacuum Therapy in the Open Abdomen
- Management of Severe Pancreatic Trauma
- Colostomy and the open abdomen
- Enteral nutrition in the patient with an open abdomen

ILC - Trauma Association of Canada: Diagnosing coagulopathy immediately after trauma and the role
- Advances in understanding the mechanisms responsible for early trauma
- Advances in understanding the role of fibrinogen in early trauma coagulo
- Advances in diagnosing early trauma coagulopathies
- Advances in using ROTEM to direct and evaluate the use of fibrinogen
- Advances in diagnosis and treatment of early trauma coagulopathy

Military and Disaster Surgery / Education / Miscellaneous

KS - ESTES DM: Principles from Military surgery translated to civilian care
- Principles from Military surgery translated to civilian care; fluid resuscitation

ILC - ESTES DM: Past disasters specific Injuries & therapies

-Resuscitation of explosion victims in civilian setting; pitfalls
- Blast Lung Injury and its treatment

ILC - ECTES: Care under "fire"
- Care under fire from military setting
- Care under fire from civilian setting

ILC - ESTES DM: Chemical Biological Radiological and Nuclear Defens (CBRN-E)
- CBRN-E considerations with wound treatment
- Canadian train disaster

RT - ESTES DM: Training medical teams for missions abroad

ILC - ESTES Ed: What does a trauma patient need? Interactive audit of real patient scenarios
- Prehospital Setting
- In the Emergency Department
- In the OR
- Intensive Care
- Posttrauma Care

KS - ESTES Ed - Research in trauma education
- Keynote: Research in Education in Trauma Care

ILC- instructional lecture course
KS - Keynote / Free Paper Session
RT - Round Table
GS - Guest Symposium

Beriplex® P/N/Confidex® abbreviated European prescribing information

Qualitative and quantitative composition: Beriplex P/N/Confidex is presented as powder and solvent for solution for injection containing human prothrombin complex and protein C and S. Therapeutic indications: Treatment and perioperative prophylaxis of bleedings in acquired deficiency of the prothrombin complex coagulation factors, such as deficiency caused by treatment with vitamin K antagonists, or in case of overdose of vitamin K antagonists, when rapid correction of the deficiency is required. Treatment and perioperative prophylaxis of bleedings in congenital deficiency of any of the vitamin K dependent coagulation factors when purified specific coagulation factor products are not available. Contraindications: Known hypersensitivity to any of the components of the product. Risk of thrombosis, angina pectoris, recent myocardial infarction (exception: life-threatening haemorrhages following overdosage of oral anticoagulants, and before induction of a fibrinolytic therapy). In the case of disseminated intravascular coagulation, prothrombin complex-preparations may only be applied after termination of the consumptive state. Known history of heparin-induced thrombocytopenia. Special warnings and precautions for use: The advice of a specialist experienced in the management of coagulation disorders should be sought. In patients with acquired deficiency of the vitamin K-dependent coagulation factors (e.g. as induced by treatment of vitamin K antagonists), Beriplex P/N 250/500/Confidex should only be used when rapid correction of the prothrombin complex levels is necessary, such as major bleedings or emergency surgery. In other cases, reduction of the dose of the vitamin K antagonist and/or administration of vitamin K is usually sufficient. Patients receiving a vitamin K antagonist may have an underlying hypercoaguable state and infusion of human prothrombin complex may exacerbate this. In congenital deficiency of any of the vitamin K-dependent factors, specific coagulation factor products should be used when available. If allergic or anaphylactic-type reactions occur, the administration of Beriplex P/N 250/500/Confidex has to be stopped immediately (e.g. discontinue injection) and an appropriate treatment has to be initiated. Therapeutic measures depend on the kind and severity of the undesirable effect. The current medical standards for shock treatment are to be observed. There is a risk of thrombosis or disseminated intravascular coagulation when patients, with either congenital or acquired deficiency, are treated with human prothrombin complex particularly with repeated dosing. The risk may be higher in treatment of isolated factor VII deficiency, since the other vitamin K-dependent coagulation factors, with longer half-lives, may accumulate to levels considerably higher than normal. Patients given human prothombin complex should be observed closely for signs or symptoms of disseminated intravascular coagulation or thrombosis. Because of the risk of thromboembolic complications, close monitoring should be exercised when administering Beriplex P/N 250/500 to patients with a history of coronary heart disease or myocardial infarction, to patients with liver disease, to patients postoperatively, to neonates or to patients at risk of thromboembolic phenomena or disseminated intravascular coagulation or simultaneous inhibitor deficiency. In each of these situations, the potential benefit of treatment with Beriplex P/N 250/500 should be weighed against the potential risk of such complications. In patients with DIC and sepsis antithrombin III substitution should be considered prior to treatment with Beriplex P/N 250/500. In patients with disseminated intravascular coagulation, it may, under certain circumstances, be necessary to substitute the coagulation factors of the prothrombin complex. This substitution may, however, only be carried out after termination of the consumptive state (e.g. by treatment of the underlying cause, persistent normalisation of the antithrombin III level). When Beriplex P/N 250/500 is used to normalise impaired coagulation, prophylactic administration of heparin should be considered. No data are available regarding the use of Beriplex P/N 250/500 in case of perinatal bleeding due to vitamin K deficiency in neonates. Beriplex P/N 250/500 contains up to 343 mg sodium (approximately 15 mmol) per 100 ml. To be taken into consideration by patients on a controlled sodium diet. Virus safety: Standard measures to prevent infections resulting from the use of medicinal products prepared from human blood or plasma include selection of donors, screening of individual donations and plasma pools for specific markers of infection and the inclusion of effective manufacturing steps for the inactivation/removal of viruses. Despite this, when medicinal products prepared from human blood or plasma are administered, the possibility of transmitting infective agents cannot be totally excluded. This also applies to unknown or emerging viruses and other pathogens. The measures taken are considered effective for enveloped viruses such as HIV, HBV and HCV. The measures taken may be of limited value against non-enveloped viruses such as HAV and parvovirus B19. Parvovirus B19 infection may be serious for pregnant women (foetal infection) and for individuals with immunodeficiency or increased erythropoiesis (e.g. haemolytic anaemia). Appropriate vaccination (hepatits A and B) should be generally considered for patients in regular/repeated receipt of human plasma-derived products. It is strongly recommended that every time that Beriplex P/N 250/500 is administered to a patient, the name and batch number of the product are recorded in order to maintain a link between the patient and the batch of the product. Undesirable effects: The following adverse reactions are based on post marketing experience as well as scientific literature. The following standard categories of frequency are used: Very common: >1/10; Common: >1/100 and <1/10; Uncommon: >1/1,000 and <1/100; Rare: >1/10,000 and <1/1,000; Very rare: <1/10,000 (including reported single cases). Renal and urinary disorders: Nephrotic syndrome has been reported in single cases following attempted immune tolerance induction in haemophilia B patients with factor IX inhibitors and a history of allergic reaction. Vascular disorders: There is a risk of thromboembolic episodes following the administration of human prothrombin complex. General disorders and administration site conditions: Increase in body temperature is observed in very rare cases. Immune system disorders: Hypersensitivity or allergic reactions (which may include angioedema, burning and stinging at the injection site, chills, flushing, generalized urticaria, headache, hives, hypotension, lethargy, nausea, restlessness, tachycardia, angina pectoris, tingling, vomiting or wheezing) have been observed very rarely in patients treated with factor IX containing products. In some cases, these reactions have progressed to severe anaphylaxis, and they have occurred in close temporal association with development of factor IX inhibitors. If allergic-anaphylactic reactions occur, the administration of Beriplex P/N 250/500 has to be discontinued immediately (e.g. discontinue injection) and an appropriate treatment has to be initiated. Development of antibodies to one or several factors of the prothrombin complex may occur in very rare cases. If such inhibitors occur, the condition will manifest itself as a poor clinical response. In such cases, it is recommended to contact a specialised haemophilia centre. Undesirable reactions may include the development of heparin-induced thrombocytopenia, type II (HIT, type II). Characteristic signs of HIT are a platelet count drop >50 per cent and/or the occurrence of new or unexplained thromboembolic complications during heparin therapy. Onset is typically from 4 to 14 days after initiation of heparin therapy but may occur within 10 hours in patients recently exposed to heparin (within the previous 100 days).

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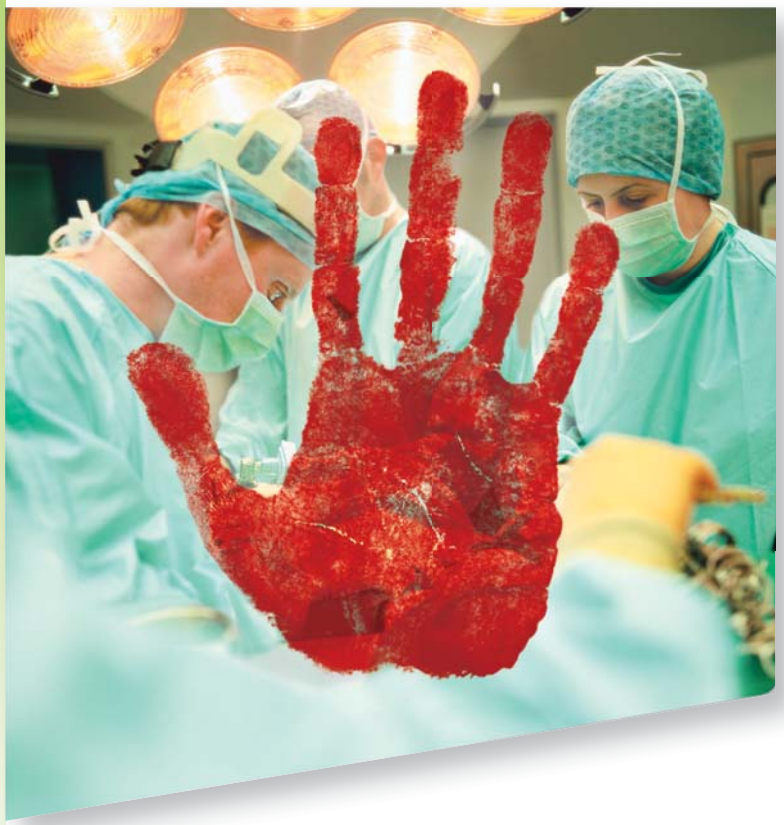

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Please contact your local CSL Behring representative. For non-nationals only.

1. Pabinger I, Brenner B, Kalina U, Knaub S, Nagy A, Ostermann H for the Beriplex P/N Anticoagulation Reversal Study Group. Prothrombin complex concentrate (Beriplex P/N) for emergency anticoagulation reversal: a prospective multinational clinical trial. J Thromb Haemost 2008; 6: 622–31.
2. Schöchl H, Nienaber U, Hofer G, Voelckel W, Jambor C, Scharbert G, Kozek-Langenecker S, Solomon C. Goal-directed coagulation management of major trauma patients using thromboelastometry (ROTEM)-guided administration of fibrinogen concentrate and prothrombin complex concentrate. Critical Care 2010; 14: R55.

Organizing & Scientific Committee

Congress President
Ingo Marzi

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Participating Societies

Organised by:
European Society for Trauma & Emergency Surgery (ESTES)
World Coalition for Trauma Care (WCTC)
German Trauma Society (DGU)

Participating Societies:
American Association for the Surgery of Trauma (AAST)
American College of Surgeons - Committee on Trauma
Asociación Colombiana de Trauma
Australasian Trauma Society (ATS)
Austrian Trauma Society
ATLS in Europe
Belgian Trauma Society
Bosnian Trauma Society
Brazilian Trauma Society (SBAIT)
Croatian Trauma Society
Croatian Urgent Medicine and Surgery Association
Czech Trauma Society
Danish Orthopedic Trauma Society
Deutsche Gesellschaft für Allgemein- und Viszeralchirurgie (DGAV)
Deutsche Gesellschaft für Chirurgie (DGCH)
Deutsche Gesellschaft für Thorax-, Herz- und Gefäßchirurgie (DGHTG)
Deutsche Interdisziplinäre Vereinigung für Intensiv- und Notfallmedizin (DIVI)
Deutsche Vereinigung für Schulter- und Ellenbogenchirurgie (DVSE)
Disaster Training Curriculum (DITAC)
Dutch Trauma Society
Euroacademia Multidisciplinaria Neurotraumatologica (EMN)
European Federation of National Associations of Orthopaedics and Traumatology (EFORT)
European Orthopaedic Research Society (EORS)
European Society of Surgery (ESS)
European Transplant Coordinators Association (ETCO)
Finnish Trauma Society
French Emergency Surgery Society
Global Risk Forum
Hellenic Society for Trauma & Emergency Surgery
Hungarian Trauma Society
Indian Society for Trauma and Acute Care (ISTAC)
International Association for Trauma Surgery and Intensive Care (IATSIC)
Italian Trauma & Emergency Surgery Society (SICUT)
Japanese Society for the Acute Care Surgery (JSACS)
Küntscher Society
Lusitanian Association for Trauma and Emergency Surgery / Associação Lusitana de Trauma e Emergência Cirúrgica (ALTEC / LATES)
Panamerican Trauma Society (PTS)
Pan-Ukrainian Association of Traumatology and Osteosynthesis
Portuguese Surgical Society
Romanian Society for Trauma & Emergency Surgery
Serbian Trauma Society
Slovakian Trauma Society
Slovenian Association of Surgeons
Slovenian Society of Trauma Surgeons
Society of Genitourinary Reconstructive Surgeons (GURS)
Spanish Surgeons Association
Swedish Trauma Association
Swiss Society of General Surgery and Traumatology
Swiss Trauma Society (SGTV)
The European Bone & Joint Infection Society (EBJIS)
The Israel Trauma Society (The Israel Medical Association)
Trauma Association of Canada (TAC)
Trauma Society of South Africa (TSSA)
Turkish Society of Orthopedics & Traumatology
Turkish Association for Trauma & Emergency Surgery

Abstract Submission

FREE PAPER & POSTER PRESENTATIONS

Participants are requested to submit abstracts online to the Congress Secretariat **from Monday, SEPTEMBER 2, 2013 until Wednesday, NOVEMBER 6, 2013, 12:00 CET+1.** Please note that abstracts can only be submitted online.

During the submission process, authors may indicate their preferred presentation type (free paper or poster presentation). The final decision in regards to the presentation type, however, will be taken by the Scientific Committee. **Submission of an abstract constitutes a commitment by the author to present at the congress if accepted.**

Abstracts may be submitted in English only. Please make sure that special characters and symbols are inserted correctly through the toolbar provided. Authors will be able to draft the abstracts online and may return to the site to edit the texts of the abstracts if necessary. Authors are free to finalize their texts and submit their abstracts at any time before **Wednesday, NOVEMBER 6, 2013, 12:00 CET+1.**
No changes can be made after this deadline.
No presenter changes will be possible after this deadline.

Notification of acceptance and information regarding presentations will be forwarded to the authors immediately after the reviewing process by e-mail (approximately mid of January 2014).
If an abstract is accepted it is mandatory for the presenting author to attend the congress.

Modalities of free paper and poster presentations will be sent with the notification of acceptance. Accepted posters will be accessible to delegates in the poster exhibition area.

For an abstract to be included in the final scientific program, it is **mandatory for the presenting author to register for the congress and to settle payment** as soon as the notification of abstract acceptance is received and not later than **Friday, JANUARY 31, 2014, 12:00 CET+1.**

By submitting an abstract, copyrights are transmitted automatically to the European Society for Trauma and Emergency Surgery. Abstracts will be published in a supplement of the European Journal of Trauma and Emergency Surgery as they have been received.

ESTES Individual Membership

In order to benefit from the reduced Individual ESTES Membership fees, you may request membership for ESTES at: **http://www.estesonline.org/membership-form**

Annual fees:

- Regular: EUR 100
- Doctors in training / non-doctors: EUR 75

Benefits:

- Free annual subscription to the European Journal of Trauma and Emergency Surgery, the society's official forum: 6 issues per year, regular subscription rate EUR 249.
- Significantly reduced registration fee for the annual ESTES congress.
- Reduced registration fee at ESTES organised or endorsed courses
- Possibility to be a member of the specialist sections of the society: Visceral Trauma; Skeletal Trauma & Sports Medicine; Emergency Surgery; Education; Disaster and Military Surgery
- A diploma confirming your individual membership, if requested

For more information visit the website **www.estesonline.org**

Grants and Awards

GRANTS

To apply for a grant please contact the ESTES Administrative Office: **office@estesonline.org**

Deadline for application and further information will be announced on the ESTES website at: www.estesonline.org

THE FOLLOWING PRIZES WILL BE AWARDED:

- Best Oral Presentations
- Best Poster Presentations

Best Oral- and Poster Presentations will be elected by a jury during an appointed session. Further information will be made available through the website.

Registration Information

REGISTRATION FEES (in Euro)	Early Fee until February 28, 2014	Regular Fee until April 25, 2014	Late / Onsite Fee from April 26, 2014
Individual Member ESTES / Congress-supporting Societies	€ 345.–	€ 410.–	€ 510.–
Institutional Member ESTES	€ 375.–	€ 455.–	€ 510.–
Member ESTES Resident*	€ 165.–	€ 190.–	€ 220.–
Non-Member	€ 440.–	€ 510.–	€ 565.–
Non-Member Resident*	€ 245.–	€ 265.–	€ 300.–
Nursing Staff*	€ 165.–	€ 190.–	€ 220.–
Student**	€ 80.–	€ 80.–	€ 110.–
Day Ticket ***	€ 190.–	€ 210.–	€ 235.–

Please note: Member ESTES Fees only apply to accepted members of ESTES and Congress-supporting Society members, otherwise non-member fees will apply. The „Individual Member ESTES" and „Member ESTES Resident" fees are only applicable to those who have applied for ESTES individual membership, have been accepted, and have paid the 2014 membership fee.

*** Resident & Nursing Fees: In order to verify your status as a resident/nurse, a written confirmation from your hospital/institution is required, otherwise individual member/non-member fees will apply. Please send the confirmation (as PDF file) to ectes2014 (at) mondial-congress.com or fax it to +43 1 58804 185.**

**** Student Fee: Students need to provide a copy of their valid Student ID when registering, otherwise the student registration will not be accepted. Please send the confirmation (as PDF file) as soon as possible to ectes2014 (at) mondial-congress.com or fax it to +43 1 58804 185.**

***** Only one Day Ticket may be purchased.**

Please note that registrations can only be accepted via online registration (www.estesonline.org) and confirmed upon receipt of full payment. As soon as the Organising Secretariat has received your payment, a letter of confirmation will be emailed.

The date of the remittance order (as stamped on the slip) will be decisive for the early and regular registration (i.e.: for early-bird registration, the remittance has to be ordered by February 28, 2014).

Official Networking Programme

OPENING CEREMONY & WELCOME RECEPTION
Sunday, May 25, 2014

OFFICIAL NETWORKING EVENT – CONGRESS EVENING (at own expense)
Gesellschaftshaus Palmengarten, Monday, May 26, 2014

Sponsoring & Exhibition

An industry brochure is available providing detailed information on the possibilities to exhibit at the congress or to sponsor various congress items that will greatly promote your company's image.

Special support by ESTES industrial partners:

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Important Addresses

Professional Congress Organiser & Scientific Secretariat:

Mondial

Mondial Congress & Events
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E julia.hennen@intercongress.de

Accommodation

The Frankfurt Convention Bureau has been appointed as official housing agency and is working with the organisers to manage accommodation bookings for ECTES 2014 & 2nd World Trauma Congress. A special allocation of accommodation has been secured with a variety of accommodation providers at a negotiated rate.

Details on all hotels including rates, descriptions and location maps are available at ECTES 2014 & 2nd WTC Website:

http://www.ectes2014.org/ectes-2014/hotels-travel/hotels/index.html

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