

FIRST ANNOUNCEMENT

ESSOP **2001**

Annual Meeting



European Society
of Social Paediatrics

National Research
Institute of Mother and Child

Warsaw, POLAND

ESSOP 2001 - Annual Meeting

MOTHER AND CHILD HEALTH CARE IN THE COMMUNITY

meeting changing needs

Dear Friends and Colleagues,

It is a great pleasure to invite you to the ESSOP meeting, which for the first time will be held in Warsaw.

The topic of the meeting will be Maternal and Child Care in the Community.

Progress in medical sciences and health service reforms are bringing many changes which have impact on the accessibility to health care, standards of care and consumer expectations concerning quality of care.

On the other hand, there are also major changes in the community: changes in the administrative structures, growing insecurity because of threats to the natural environment, to safety and instability for example due to rising unemployment.

In this continuum of changes the relations between doctors and patients are changing – or more generally, between people and the health workers.

People in ESSOP come from countries with very different experiences in the organization of health care and public health programmes. In some of these countries successful models of care have already been implemented, in others such programmes are being elaborated, while others are at the beginning of these reforms.

We hope that the exchange of experiences, presentations of different models of care, discussion on problems and challenges on this very important issue, will be helpful for developing standards of community maternal and child care in all our countries.

At the same time, I trust that there will also be sufficient opportunity for you to savour the cultural, historic and social attractions of Warsaw.

We hope you will join us in October 2001.

Ilona Szilágyi-Pagowska

Congress President

MAIN TOPICS:

- programmes of mother and child health care in the community
- primary health care
- health promotion at the level of the community
- evaluation of health care programmes in the community
- building of partnerships in the community programmes of mother and child health care

GENERAL INFORMATION:

Dates: Wednesday 3rd October 2001 – Saturday 6th October 2001.

Venue of meeting: ___ National Research Institute of Mother and Child
ul. Kasprzaka 17A, 01-211 Warsaw

<u>Registration fees:</u>	Members	Non members	Accompanying persons
before 1 June 2001	250 USD	300 USD	150 USD
after 1 June 2001	300 USD	350 USD	180 USD

Registration fee includes: materials of meeting, lunches, coffee, tea (4th – 6th Oct.), social programme.

Social programme will include: welcome reception (3rd Oct.), piano recital (5th Oct.), Annual ESSOP Dinner (5th Oct.), Warsaw sightseeing (6th Oct. afternoon)

Beginning of the meeting: Wednesday 3rd October 2001 r. 7 p.m. at the
IBIS HOTEL

Ending: Saturday 6th October 2001 at 1 p.m.

Weather: In October the temperature in Warsaw is about +10°C

Accommodation: IBIS Hotel

Al. Solidarnosci 165

00-876 Warsaw

POLAND

Phone: (+48-22) 520 30 00

Fax: (+48-22) 520 30 30

This hotel is situated near our Institute

/ two tramstops and then five minutes walk /

We have made a block booking for the meeting.

Phone, fax or write to the hotel directly to make your personal reservation.

Travel information:

The Warsaw airport has direct connections with most cities in Europe and the USA. It is situated not far from the centre of the city. It is about 10 km from Hotel Ibis and 12 km from the Institute.

For further information please contact:

The Organising Committee of Annual Meeting ESSOP 2001

INSTYTUT MATKI I DZIECKA

ul. Kasprzaka 17 A 01-211 Warsaw, POLAND

Congress President *Ilona Szilágyi-Pagowska* M.D.

Phone: (+48-22) 632 98 54

(+48-22) 632 98 52

Fax: (48-22) 632 68 58

(+48-22) 862 42 60

Email: medroz@imid.med.pl

iszilagyi@imid.med.pl

Secretariat- Kasia Zmijewska : phone/fax: (+48-22) 632 15 48

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Please send the following page to:

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HOTEL INFORMATION

Thank you for your interest in our hotel **Ibis Warszawa Centrum**.

The room price at our hotel is 315,00 zł for the night from Monday till Thursday, and 215,00 zł for the night during the weekend. (Rates with VAT tax). Our rich breakfast buffet is at your disposition from 6:30 until 10:00 (during weekend until 11:00). The breakfast price is 25 zł extra.

All of our rooms have air conditioning, shower/toilet, cable TV and telephone. Single/double rooms (all the rooms are the same with king size bed).

Making your reservation please refer to ESSOP block booking nr 18290.

We wish you a good trip and a pleasant stay in our hotel.

IBIS Warszawa Centrum
00-876 Warszawa
Al. Solidarnosci 165
Tel: +48 (22) 520 30 00
Fax: +48 (22) 520 30 30

BANK: SOCIETE GENERALE
Account number:
184-00007-22-11804-0081-024

1st March 2001
exchange rate: 1\$USD=4,08 ZL

ABSTRACT FORM
ANNUAL CONGRESS OF THE EUROPEAN SOCIETY
OF SOCIAL PAEDIATRICS (ESSOP)
MOTHER AND CHILD HEALTH CARE IN THE COMMUNITY
MEETING CHANGING NEEDS
WARSAW-OCTOBER 3-6, 2001

ABSTRACT INSTRUCTIONS

- All abstracts must be submitted in English.
- Use an electric typewriter or laser printer. Add symbols in black ink
- The entire abstract including authors, title and place where the work was done must be typed within the limits outlined on the Abstract Form.
- Abstracts should describe aims, methods, results and conclusions
- Abstracts will be considered as camera-ready and reproduced as such in the Abstracts Book
- Notification regarding acceptance of abstracts will be sent by 1st August, 2001

This abstract form in electric PC format (3,5" disk) together with three copies in Word 6.0 or later versions in rtf-format should be sent to:

The Organising Committee of Annual Meeting ESSOP 2001
Instytut Matki i Dziecka
Ul. Kasprzaka 17 A
01-211 Warsaw, POLAND

Abstracts may also be submitted by e-mail:

medroz@imid.med.pl

iszilagyi@imid.med.pl

Do not submit abstracts by fax

Deadline for abstracts submission is 31st May, 2001.

SAMPLE ABSTRACT FORM

Title

.....

Authors.....

.....

Affiliation

.....

Text area
11,5 x 17,5

MAIN TITLE
(to be set in 14 pt. Times bold upper case)
Double line spacing

AUTHOR'S NAME
(to be set in 12 pt. Times normal upper case)
Double line spacing

Text
(to be set in 10 pt. Times normal with 12 pt. single line spacing)

ABSTRACT FORM

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YOUR CORRESPONDENCE ADDRESS

Last Name

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First Name

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Affiliation

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Signature:

Date: