Invitation

The 4.European Choroideremia Patient Conference
Friday 02-Oct-2020 (14h00) – Sunday 04-Oct-2020(14h00)
Location: Wilhelm Kempf House 65207 Wiesbaden. The venue is directly within reach of Frankfurt Central Station.

What is the current state of research into, and development of a treatment of, Choroideremia?

In 2020, the PRO RETINA, France Choroideremia and Retina International will once organize a conference for Choroideremia patients and people interested in the disease. The objective is to give an update on the research into new options regarding diagnosis and treatment.

Initial studies of a gene therapy have already been done worldwide. Gene therapy has already been applied in Germany.

We will also report on vision aids and counseling options. This is also an excellent opportunity to exchange experiences in dealing with the disease. Our speakers and moderators will be happily standing by to answer your questions and remarks.

All presentations will be translated by interpreters in English, France and German.

Attendance costs amount to 100 EUR for members of PRO RETINA Non-members and international guests can book an attendance ticket for EUR 75,00, accommodation can be booked separately in the H+ Hotel Wiesbaden Niedernhausen https://h-hotel-wiesbaden-niedernhausen.hotel-mix.de/, Flats till four persons are available at the MICADOR Appartementhaus, Niedernhausen https://micador-appartementhaus-niedernhausen.hotel-mix.de/

Contact Michael Längsfeld, Telephone +49 170 2703637
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Internet www.pro-retina.de/chm<http://www.pro-retina.de/chm>

When Friday 02-Oct-2020 (14h00) – Sunday 04-Oct-2020 (14h00)
Where Wilhelm Kempf Haus 65207 Wiesbaden Naurod
Michael Längsfeld  
Contact for Chorioideremie, Pro Retina Deutschland e.V.

Please cut off and send back by mail: E-Mail chm@pro-retina.de

To:
Michael Längsfeld  
Wilhelm Leuschner Str. 48  
61169 Friedberg

Registration

I hereby commit myself to attending the Choroideremia Seminar, from 02-10-2020 to 04-10-2020 at the Wilhelm Kempf House in Niedernhausen.

Name…………………………..  
Street……………………………….  
City……………………………………  
Telephone…………………….

I am a member of Pro Retina Yes……No……

The following additional people will be attending:……………………………………..

I am affected by Choroideremia Yes…….No……

I will transfer the attendance costs after written confirmation.

Date…………………………... Signature………………………

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