7th International Workshop on

Primary Hyperoxaluria

Special Program for Patients and Their Families

October 9, 2004
Mayo Clinic
Rochester, Minnesota

Mayo Clinic Hyperoxaluria Center
COURSE DESCRIPTION
A program specially designed for patients with Primary Hyperoxaluria and their families will be presented in conjunction with the 7th International Workshop on Primary Hyperoxaluria. On Saturday, October 9, patients and families will hear clinicians, research scientists, diéticians, nurses, and patients who have lived with this disease discuss aspects of Primary Hyperoxaluria of relevance and interest to them. Patients and their families will develop an improved understanding of the cause of the disease, signs and symptoms, and will hear about current and promising future treatments for Primary Hyperoxaluria. Attendees will have an opportunity to ask questions of leaders in the field and to share experiences with each other.

INTENDED AUDIENCE
Primary Hyperoxaluria patients and their families
DATE AND LOCATION
The 7th International Workshop in Primary Hyperoxaluria Patient and Family Session will be held on Saturday, October 9, 2004. Session headquarters will be located in Mathey Lecture Hall on the second floor of the Gonda Building, Mayo Clinic, Rochester, Minnesota. Meeting facilities are accessible either at street level or by pedestrian subway which connects Mayo Clinic to shops, restaurants, and hotels.

REGISTRATION
To register, complete the attached registration form and return by mail or fax. Registration will be required, although there is no fee to attend. Although it is not Mayo School of Continuing Medical Education policy to limit the number of registrants for a course, conference room facilities may necessitate closing of enrollment; therefore, early registration is strongly advised. A letter of confirmation will be sent upon receipt or the completed registration form. Please present this letter when checking in at the meeting registration desk.

CANCELLATION POLICY
Please notify the Mayo School of Continuing Medical Education if you find you are unable to attend after you have registered.

TRAVEL
Rochester, Minnesota, is located approximately 80 miles (133 kilometers) southeast of Minneapolis/St. Paul and 40 miles (67 kilometers) west of the
Mississippi River. Rochester is a friendly city that greets thousands of visitors from around the world each year. The city is served by a modern international airport with multiple flights daily from Chicago and Minneapolis via American or Northwest Airlines. Access to and from the airport is provided by taxi cab and shuttle service. The airport is located approximately 10 miles from the Mayo Clinic complex.

**Travel costs are the responsibility of the individual registrant.** AAA Travel has negotiated multiple airline contracts to provide attendees and their guests with the lowest available airfares. Reduced airfares are available by calling AAA Travel at 800-648-6718 or 507-289-2917, by faxing 507-289-4005, or by e-mailing jamie.lund@mn-ia.aaa.com. Please reference the Mayo Clinic Hyperoxaluria course when making travel arrangements. Reduced airfares are subject to availability. To take maximum advantage of discounted rates, it is strongly recommended that flights be booked 60 or more days prior to actual travel.

A limited amount of travel assistance funds may be available for those who require partial financial support in order to attend. If you need assistance, please contact Julie B. Olson with Mayo Clinic Hyperoxaluria Center at 800-270-4637 or 507-538-5995, or by e-mailing hyperoxaluriacenter@mayo.edu.

*Note: Several cities in the USA are named Rochester. Be certain that your destination is Rochester, Minnesota (RST) and that your luggage is properly tagged when airline reservations are made and baggage is checked.*
LODGING ACCOMMODATIONS
Blocks of guestrooms have been reserved with special course rates at the following downtown Rochester hotels. To ensure accommodations and the discounted rate, please make your reservations by September 10, 2004 and identify yourself as a participant of the 7th International Workshop on Primary Hyperoxaluria.

Radisson Plaza Hotel
150 South Broadway
800-333-3333 or 507-281-8000
$99 single/double

Rochester Marriott Hotel
101 First Avenue SW
877-623-7775 or 507-280-6000
$115 single/double

The hotels listed above are connected by skyway and pedestrian subway to conference facilities, downtown shops, and restaurants. You may also wish to visit the Rochester Convention and Visitors Bureau website (www.rochestercvb.org) for additional accommodation options.

PARKING
Parking is available in hotel, city, and Mayo patient/visitor ramps. The cost for parking is not included in the registration. A map indicating the location of downtown parking facilities will be mailed with the registrant confirmation letter.
PROGRAM SCHEDULE
Saturday, October 9, 2004

8:30 am  Welcome and Introductions
8:40 am  A Family’s Perspective
9:05 am  Primary Hyperoxaluria: Cause, Symptoms, and Treatment
9:40 am  Profile of Primary Hyperoxaluria from Registry Data
10:20 am Tests for Diagnosis, Including Prenatal Testing
11:20 am Research in Primary Hyperoxaluria
12 Noon Buffet Lunch
1:30 pm  Diet and Fluid Management: Questions and Answers
2:00 pm  Medication Programs: Challenges and Solutions
3:00 pm  New Treatments: Oxalobacter Formigenes Antioxidants
          Use of Genotype to Guide Pyridoxine Treatment
4:00 pm  Resources Available
4:10 pm  Patient/Family Information and Support: What Would Help?
6:30 pm  Dinner
7:00 pm  Evening Session
          Tribute to Dr. Lynwood Smith and Dr. David Wilson
8:30 pm  Adjournment
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PRIMARY HYPEROXALURIA
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October 9, 2004
Mayo Clinic
Rochester, Minnesota

Mail or FAX form to:
Mayo School of Continuing Medical Education
200 First St SW
Rochester, MN  55905

Telephone:  800-323-2688 or 507-284-2509
FAX: 507-284-0532
Web site: www.mayo.edu
E-Mail: cme@mayo.edu

(Please print or type all information. You may duplicate this form for multiple registrations.)

Name_______________________________________________
   First Name                     Middle Initial                       Last Name

Home Address_______________________________________
City_____________________________State/PV___________
ZIP/PC__________________Country____________________

Home Telephone (________)___________________________

Business Telephone (________)_________________________

Int’l Telephone
  (Country code)_______(City code)_______(Phone)______________

FAX (________)_____________________________________

E-mail______________________________________________

☐ Please check if you have special accommodation or dietary needs and indicate specific need(s):

________________________________________________________________________
________________________________________________________________________
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October 8–10, 2004
Mayo Clinic
Rochester, Minnesota