



RAMS Institute of Occupational Health



85 years

Dear colleagues,

RAMS Institute of Occupational Health invite you to take part in All-Russian Conference with international participation devoted to 85th anniversary of RAMS Institute of Occupational Health **“OCCUPATIONAL HEALTH: REALIZATION OF GLOBAL PLAN OF ACTION ON WORKERS’ HEALTH 2008–2017, accepted by sixtieth World Health Assembly”** that will be held 24-25 June, 2008, in Moscow in RAMS Institute of Occupational Health.

Main topics of the Conference:

1. Role of occupational health in realization of national project “Health”. Prospects of creation of occupational health services in RF.
2. Realization of Global Plan of WHO Action on workers’ health accepted by World Health Assembly in May, 2007.
3. Modern normative-legislative base of occupational health and its perfection. Quality control system in occupational health.
4. Reduction of premature death-rate of working-age population and increase of average interval of forthcoming life.
5. Perfection of workplace certification and periodical medical examinations.
6. Social- hygienic monitoring. Assessment of occupational risks for workers’ health including reproductive one.
7. Perfection system of education in occupational health.

Organizing committee invites international specialists, leading scientists and specialists in the field of occupational health, occupational physicians, specialists in occupational hygiene, protection of labour, medical-social examination and rehabilitation, representatives of Sanitary Epidemiological Service, Fund of compulsory medical insurance, Fund of social insurance, wide medical community of the country to take part in work of conference. Applications for participation in work of conference should be sent:

RAMS Institute of Occupational Health

prospect Budennogo, 31

105275, Moscow, Russian Federation

Tel.: +7 (495) 365 02 09; 366 11 01; 366 09 00;

Fax: +7 (495) 366 05 83

E-mail: izmerov@rinet.ru; nkio@niimt.ru; rubitsovanb@yandex.ru

Website: www.niimt.ru

Secretary of Conference organizing committee: Dr. N.B. Rubtsova

For participation in the Conference you should fill in registration form and send it with other documents until March, 31.

Registration fee for participation in the Conference is **50 €**. It includes assignation of file with conference programme, thesis collection, notebook, pen; participation in coffee-brakes, drink reception. Payment by cash is possible at the beginning of conference.

Abstract (not exceed 2 pages) are accepted till March, 31, its will be published until beginning of conference work.

Abstracts are sent to organizing committee by post on paper and electron form or by e-mail.

Request for manuscript:

- Abstract text is carried out in text editor Word 95 and higher according to further directions:

- Top, bottom and right margin - 2,0 cm;
- Left margin - 2,5 cm;
- Line spacing – 1,5 intervals;
- Print - Times New Roman Cyr, 12;
- first line indent (indent) - 1,25 cm;
- running titles - 1,25 cm;
- text boundary alignment – in width;
- orientation - book.
- During formulations stack size (size of type) must correspond to size of body text.

- Above in the center without transfer type the name of theses in capital letters in bold type

- On the next line in the center type last names and initials of authors

- Further in the center the full name of organization in italics in small letters.

- In a line beginning with indented line type report theses according to listed above requests .

- There must be no tables, pictures, diagrams, list of literature in theses text.

Registration form

Of participant of All-Russian Conference “**Occupational Health:
Realization of Global Plan of Action on workers’ health for 2008-2017,**
accepted by General Health Assembly”

Last, first and middle names of the participant (entirely) _____

Speciality (according to education and experience) _____

Degree, status _____

Place of work _____

Post _____

Long title of organization _____

Address of organization: _____

Contact telephone number/fax (with country, city code) _____

E-mail _____

Home address (with index, tel. (with city code), fax, E-mail) _____

Form of participation _____

Name of the report _____

Necessity in hotel: Yes No

 Single room Double room

Time of accommodation: from _____ till _____ 2008

Extra information: _____

