

# Louise Gane on Genetic Issues for Families with FXS



The **Fragile X Alliance Inc** and **Fragile X Association of Victoria** are delighted to present an evening seminar on Thursday, November 10<sup>th</sup>, 2005 with **Louise Gane, M.S.**, Genetic Counselor and Development Officer for the UC Davis M.I.N.D. Institute in California, U.S.A. Louise lectures nationally and internationally and is co-author of many clinical and scientific publications related to fragile X syndrome and genetic counselling. Louise is well known internationally as one of the leading genetic counsellors in the world and has experience with over 1,000 families. Bring along any questions you may have as there will be extensive opportunity for discussion. We urge you not to miss this evening.

## **LOUISE GANE ON GENETIC ISSUES EVENING SEMINAR**

- **Date:** Thursday 10<sup>th</sup> November, 2005
- **Time:** 7.00 pm to 9:00 pm (Registration 6:30 pm)
- **Venue:** Ashley Ricketson Centre (front right building of Caulfield General Medical Centre)  
250 Kooyong Rd. Caulfield, entry gate 2
  
- **Registration Fee** \$ 22 per FX family individual  
\$ 44 per Professional  
**N.B. Admission only permitted with prior booking**

Spaces are limited, so early booking is advised. For further details, please contact **Fragile X Alliance Inc, 263 Glen Eira Rd, North Caulfield 3161, tel (03) 9528 1910, fax (03) 9532 9555, email: [jcohen@travelclinic.com.au](mailto:jcohen@travelclinic.com.au)**

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## **Evening Seminar Registration Form:**

1. I enclose **cheque** for \$ \_\_\_\_\_ payable to "Fragile X Alliance Inc"  
**POST** to Fragile X Alliance Inc, 263 Glen Eira Rd, North Caulfield 3161      or

2. Please **charge this to my** Visa / Mastercard / Bankcard (*please circle*).  
**FAX** this form to 9532 9555 or mail it to **Fragile X Alliance Inc, 263 Glen Eira Rd, North Caulfield 3161**

Card no:                        

Expiry date: \_\_\_\_\_      Signature: \_\_\_\_\_

First Name \_\_\_\_\_      Last Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_      Fax \_\_\_\_\_

Profession \_\_\_\_\_      E-mail \_\_\_\_\_

Family member (*tick box*)   

Fragile X Alliance Inc member (*tick box*)