

The Rochester Celiac Support Group - GIG invites you to have lunch with

Alessio Fasano, M.D.

Director, Center for Celiac Research
University of Maryland School of Medicine

Saturday, March 1, 2008

11:00am to 12:15pm: Registration and Reception

12:15pm to 1:15pm: Lunch

1:15pm to 2:30pm: Dr. Fasano

RIT Inn & Conference Center

(formerly Marriott Thruway)

5257 West Henrietta Road

Rochester, NY 14602

Dr. Fasano is an internationally recognized researcher in celiac disease. Under his leadership, the Center for Celiac Research developed more sensitive and specific tests to diagnose celiac disease and sponsored a large study to more accurately determine the prevalence of the disease in the U. S. at 1 in 133 people. Dr. Fasano's many accomplishments include hundreds of scientific articles, book chapters, lectures, patents and student teaching. Dr. Fasano generously gives his time and talents to patients, physicians and support groups, teaching them about the diagnosis and treatment of celiac disease. He will tell us what is new with celiac research for those who are living the gluten free life. Don't miss this chance to meet with Dr. Fasano and hear his talk.

The luncheon is gluten and nut free

All choices include soup, buns, accompaniments, beverage and dessert. Selections are:

1) Riesling Chicken Rubbed with Lemon and Oregano, Riesling Buerre Blanc Sauce

2) Tilapia: Tortilla Encrusted Filets with Pineapple Salsa (Lactose Free)

3) Pork Loin Braciola Filled with Spinach, Sun-Dried Tomatoes, Mushrooms and Feta Cheese, Garlic Cream Sauce

4) Grilled Vegetable Napoleon: Layers of Roasted Peppers, Eggplant & Portabella Mushrooms on a Bed of Steamed Rice, Chimichurri Drizzle (Lactose Free and Vegan)

Please fill out form below, include check made out to: Rochester Celiac Support Group

and mail to: Pat Wood, 1320 Hatch Road, Webster NY 14580

Please mail form and check by February 18, 2008.

Yes, I want to come and have a gluten free lunch with Dr. Fasano and hear his talk about celiac disease.

Name(s) (Please Print) _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

Number of persons ____ @ \$25.00 each = \$_____ (check payable to **Rochester Celiac Support Group**)

Meal Selections: Meal 1) _____ **Meal 2)** _____ **Meal 3)** _____ **Meal 4)** _____