

Registration Form
International Meeting on Laminopathies
April 6-8, 2017
Savoia Regency Hotel - Bologna

Please complete this form in CAPITAL LETTERS and send it to:

laminopathiesmeeting2017@gmail.com

Title: Professor Dr Student Mr Ms

Name: _____ Surname: _____

Position: _____

Department / University / Company: _____

Address: _____

City: _____ Postal code: _____ Country: _____

Tel.: _____ Fax: _____ Email: _____

Fiscal Code/VAT number _____

Please ensure to leave valid contact number and e-mail address for future correspondence

Registration Fee 150 €

Payment:

by bank transfer

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Beneficiary Client Address Via indipendenza 2/c Bologna 40121

by credit card (+ 3% Charge)

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Registration will only be considered if accompanied by bank transfer receipt or credit card information.