**REGISTRATION FORM**

Deadline:**March 8th, 2017**

*To be sent together with the fee free of banking costs to:*

# Laboratorio di Oncologia Sperimentale

# Via di Barbiano 1/10 - Bologna - Italy

Phone: +39 051.6366767 - 6366757 Fax: +39 051.6366761

e-mail: [alba.balladelli@ior.it](mailto:alba.balladelli@ior.it)

|  |  |
| --- | --- |
| *SURNAME:* | |
| *NAME:* | |
| *Year of medical school graduation:* | |
| *Speciality:* | |
| *Hospital:* | |
| *Department:* | |
| *Mail Address:* | |
| *City:* | *Zip code:* |
| *State:* | |
| *E-mail:* | |
| *Business telephone:* | |
| *Fax:* | |
| *I will send a case for discussion on Thursday morning* | |

"According to D.lgs 196/03 (Personal Data Protection Act) i my personal data for purposes connected to the congress management."

**600.00 and 450.00 for residents with letter from Chief Dept.**

The fee includes coffee-breaks, 4 lunches, 1 dinner and book.

*Fees free of banking costs and taxes must be accredited to:*

**"Associazione per lo Studio e la Cura dei Tumori Ossei"**

**UNICREDIT BANCA - Filiale BOLOGNA PUPILLI**

**Via Pupilli, 1 - 40136 Bologna - Italy**

**Account number: 000002573260**

**ABI: 2008 CAB: 2468**

**IBAN: IT87A0200802468000002573260**

**Swift Code: UNCRITM1PQ6**