



# REGISTRATION FORM

SATELLITE MEETING



## **DIET AND LIFE-STYLE IN CHRONIC RENAL DISEASE**

Milan, December 5 2009

LAST NAME .....FIRST NAME .....

DATE AND PLACE OF BIRTH .....

FISCAL CODE .....

POSITION .....

MEDICAL BRANCH .....

WORK ADDRESS .....

STREET .....

POSTAL CODE ..... CITY .....

TEL ..... FAX .....

HOME ADDRESS .....

POSTAL CODE ..... CITY .....

TEL.....MOBILE PHONE .....

E.MAIL .....

SIGNATURE ..... DATE .....

### REGISTRATION DEADLINE: 30/11/2009.

THE REGISTRATION FORM HAS TO BE SENT, EITHER BY E-MAIL OR FAX, TO:  
FONDAZIONE D'AMICO PER LA RICERCA SULLE MALATTIE RENALI

E-mail: [segreteriacorso@fondazionedamico.org](mailto:segreteriacorso@fondazionedamico.org)

Tel. +39 02 48001842 - Fax: +39 02 48110814