



FONDAZIONE IRCCS CA' GRANDA  
OSPEDALE MAGGIORE POLICLINICO

## REGISTRATION FORM

### **FIRST NATIONAL MEETING OF THE STUDY GROUP OF THE ITALIAN SOCIETY OF NEPHROLOGY ON MINERAL METABOLISM AND TRACE ELEMENTS**

Milan, December 5 , 2010



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 ..... DATA .....

### **REGISTRATION DEADLINE: 30/11/2010**

**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

## REGISTRATION FORM

### **DIFFICULT CASES OF RENAL TRANSPLANT**

Milan, December 5 , 2010

LAST NAME .....	FIRST NAME .....
DATE AND PLACE OF BIRTH .....	
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