

REGISTRATION FORM

SATELLITE MEETING



THERAPIES WITH MONOCLONAL ANTIBODIES

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	DATA

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

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