

## Mod. S29 Rev. 1 del 16/04/2012 Pagina 1 di 2 ISS MEETING/CONFERENCE REGISTRATION FORM Participation free

Instruction to fill in the registration:

- 1) Clear writing
- 2) The registrations unreadable will not be considered
- 3) Submitting the title and the date of the specific event
- 4) Filling in all the areas

TITLE: FIRST INTERNATIONAL CONGRESS "NARRATIVE MEDICINE AND RARE DISEASES"

**First Name:** 

N° ID of the event: 022D12 Date: 4 June 2012

Р	ER	25	O In	VΔ		D.	Δ		۱
•			•	•~	_		_	•	7

**Family name:** 

Date of birth (dd/mm/yy):							
Place and Country of Birth:							
Gender: M □ F □							
Address:							
ZIP code:		Town:					
State/Province:		Country:					
Phone number:		Fax:					
E-mail:							
PROFESSIONAL DATA							
Educational D	□ Diploma:						
gualification	niversity Degree:						
Affiliation:							
Address:							
ZIP code:		Town:					
State/Province:		Country:					
Phone number:		Fax:					

Note: These information will be used by Secretariat for further communications



## Mod. S29 Rev. 1 del 16/04/2012 Pagina 2 di 2 ISS MEETING/CONFERENCE REGISTRATION FORM Participation free

## **POSITION**

Company activity (Public health organization, University, etc.):					
Company name:					
Department:					
Title/Position in your organisation:					
`	d by fax the signed registration form to: later than 30 May 2012.				
Signature	Date				
PURPOSES OF PROCESSING YOUR APPLICATION AND					
Signature	Date				