

EUROMEDLAB Milano 2013 Congress
19-23 May

REGISTRATION FORM
for MILANO 2013 Bursary Programme

Mr. Mrs. Ms. Title _____

Family Name _____ Given Name _____

Institution _____

Department _____

Institution address _____

City _____ Zip code _____ Country _____

Business Phone _____ Fax _____

Home address _____

City _____ Zip code _____ Country _____

Private phone or Mobile _____

E-mail (block letters) _____

Date of birth _____

FREE REGISTRATION - BURSARY

Recommended by Society: _____

SOCIAL EVENTS (included in free registration)

OPENING CEREMONY & WELCOME PARTY - Sunday, 19 May 2013 YES NO

PRIVACY

I authorise to handle my personal data for the services connected to this form. MZ Congressi declares that these data won't be given to anyone who is not strictly connected to the pursuit of the aim of this form.

IMPORTANT: if this authorisation is denied, it won't be possible to proceed with the registration to the event.

Date _____ Signature _____

I authorise to handle my personal data for marketing purposes (mailing of information material on congresses and events organised by MZ Congressi). MZ Congressi declares that these data won't be given to anyone who is not strictly connected to the pursuit of the aim of this form.

Date _____ Signature _____

REGISTRATION FORM should be sent
to the following e-mail enrica@milan2013.org
by October 1st 2012.

w w w . m i l a n 2 0 1 3 . o r g