DIAGNOSIS: the pathway of a diagnostic test from bench to bedside.
Basic Residential Course

September 20-23, 2015 - Palazzo Feltrinelli
Gargnano, Lago di Garda, Italy

REGISTRATION FORM

The Registration form (see the leaflet for further details) must be sent alongside with a short ***curriculum vitae*** *(max 1 A4) by mail or by fax to:*

Centro Interuniversitario "Thomas C. Chalmers"
Università degli Studi di Milano
e-mail chalmers@unimi.it
fax ++39 02 50320403

Family name _____

First name _____

Tax code |__|__|__| |__|__|__| |__|__|__|__|__| |__|__|__|__| |__|

Born in _____ Date of birth |__|__|__|__|__|__|

Tel._____ _____ Mobile Phone _____ _____

E-mail _____ @ _____

Mailing address: Street _____

City _____Zip code |__|__|__|__|__|

State/Province_____ Country_____

Specialty_____ _____

Institution _____ _____ _____

Dept_____

_____

Postal Code of Institute_____ _____

_____

City_____ zip code |__|__|__|__|__|

State/Province_____ Country_____

Trainee of Postgraduate School of _____ _____

University of_____ year |___|

The information contained in this message is intended for one or more specific individuals or entities, and may be confidential, proprietary, privileged or otherwise protected by law. Thank you.

Date_____ Signature_____