



REGISTRATION FORM



SATELLITE MEETING

FIRST JOINT MEETING ON CLINICAL GENETICS OF RENAL DISEASES

**ROOM WASHINGTON A – Milan Marriott Hotel
Milan, December 5 2008**

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.....	DATE

REGISTRATION DEADLINE: 30/11/2008.

**THE REGISTRATION FORM HAS TO BE SENT, EITHER BY E-MAIL OR FAX, TO:
FONDAZIONE D'AMICO PER LA RICERCA SULLE MALATTIE RENALI**

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