

FOURTEENTH DERMATOPATHOLOG SELF-ASSESSMNT WORKSHOP - Rome September 13-17 2016

REGISTRATION FORM

To be sent by mail, fax or email

Dermodiagnostica srl - Via Ivrea 28, 00183 Rome, Italy

phone/fax: 0039 067016400 - email: patologiacutanea@gmail.com

Inscription is restricted to 70 applicants for the complete workshop, and to 50 applicants for the September 15 - 17 sessions only. Precedence is according to the date of application. The secretariat after receiving this form, will notify the applicant of acceptance of her/his request, after which she/he has 15 days to provide for the payment. Cancellation policy: for cancellation before September 1st, 2016 the charge is 50 euro. For cancellations between September 10th, 50% of the fee will be charged. After this date, no reimbursement will be possible.

Family name..... Name.....

Date and place of birth.....

Address.....

City.....zip.....Country.....

Tel.....Fax..... E-mail.....

My participation will be for:

☐ Full participation to the workshop, September 13 - October 17 (€ 500).

☐ Attendance only to the lectures of September 15 -17 (€ 300).

After receiving the confirmation from the secretariat, payment should be done

☐ by bank check to Dermodiagnostica srl

☐ by bank transfer to Dermodiagnostica srl

Dermodiagnostica srl

UNICREDIT Agenzia Appia Nuova 'A'

Via Appia Nuova 275

00182 Rome, Italy

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BIC Swift : UNCRITM1J47

Date..... Signature.....