

PADUA 7-8-9 JUNE 2019

Registration Form



Please complete this form and send it together with a copy of your passport to:

museo.anatomiapatologica@unipd.it

Tel.: (+39) 0498272269

SURNAME _____

FORENAME _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

HOME ADDRESS _____

CITY _____

ZIP CODE _____

COUNTRY _____

INSTITUTION _____

MAILING ADDRESS _____

CITY _____

ZIP CODE _____

EMAIL _____

TEL. _____

PAYMENT/PAGAMENTO:

BEFORE 30TH APRIL 2019

PROFESSIONALS:

€200 + €50 DINNER

STUDENTS:

€100 + €50 DINNER

AFTER 30TH APRIL 2019

PROFESSIONALS:

€250 + €50 DINNER

STUDENTS:

€150 + €50 DINNER

PAYMENT METHOD: **BANK TRANSFER / BONIFICO BANCARIO**

REASON FOR TRANSFER: **NAME, SURNAME, "2ND INTERNATIONAL CONGRESS ON WAX MODELLING."**

TRANSFER TO: DIPARTIMENTO DI SCIENZE CARDIO-TORACO-VASCOLARI E SANITA' PUBBLICA

INTESA SANPAOLO SPA

CORSO GARIBALDI 22/26-35122 PADOVA

CONTO: 45574/1000/00046149

IBAN: IT76J0306912117100000046149

Date _____

Signature _____

