Clinical Cases of Urinary Calculi in Italy

Registration Form

Please fill in the following form and send it by email (registration@geomed2011.it) or by fax (+39 0971 427293)

Full Name: _____ Title: _____

Department: _____

Institution: _____

Address: _____

Country: _____ Postal/Zip Code _____E-mail: _____

(1) I am registered in the GEOMED2011 and my CIN is : _____

Details for fee payment are posted on the conference web site at http://www.geomed2011.it/fees.html

Note:

_____

_____

_____

_____

_____

(1) *If you are not registered in the GEOMED2011 please insert the code "NR" in the CIN box when you pay your fees*