

# REGISTRATION FORM

## XXII COURSE ON MUSCULOSKELETAL PATHOLOGY February 9<sup>th</sup> - February 13<sup>th</sup> 2009, Bologna - Italy

**Deadline: January 7<sup>st</sup>, 2009**

*To be sent together with the fee to:*  
Laboratorio di Ricerca Oncologica - Via di Barbiano 1/10 - Bologna -  
Italy  
Tel: 051/6366767 - 6366757 Fax: 051/6366761  
e-mail: [alba.balladelli@ior.it](mailto:alba.balladelli@ior.it)

<b>SURNAME: (click here and write)</b>	
<b>NAME: (click here and write)</b>	
<b>Year of medical school graduation: (click here and write)</b>	
<b>Speciality: (click here and write)</b>	
<b>Hospital: (click here and write)</b>	
<b>Department: (click here and write)</b>	
<b>Mail Address: (click here and write)</b>	
<b>City: (click here and write)</b>	<b>Zip code: (click here and write)</b>
<b>State: (click here and write)</b>	
<b>E-mail: (click here and write)</b>	
<b>Business telephone: (click here and write)</b>	
<b>Fax: (click here and write)</b>	

**€ 450.00 and € 300.00 for residents with letter from Chief Dept.**

The fee includes coffee-breaks, 4 lunches, 1 dinner and syllabus.

**Fees free of banking costs and taxes must be accredited to:**

"Associazione per lo Studio e la Cura dei Tumori Ossei"  
UNICREDIT BANCA DIV. ROLO Filiale IOR-BO 35 c/o Istituti Ortopedici Rizzoli  
Via Pupilli, 1 - 40136 Bologna - Italy  
Account number: 000002573260  
ABI: 2008 CAB: 2468  
IBAN: IT87A0200802468000002573260  
Swift Code: UNCRITB1PQ6