

# REGISTRATION FORM

## XXIII COURSE ON MUSCULOSKELETAL PATHOLOGY

February 8-12<sup>th</sup> 2010, Bologna - Italy

Deadline: January 11<sup>st</sup>, 2010

*To be sent together with the fee to:*  
Laboratorio di Oncologia Sperimentale  
Via di Barbiano 1/10 - Bologna - Italy

Tel: +39 051.6366767 - 6366757 Fax: +39 051.6366761  
e-mail: [alba.balladelli@ior.it](mailto:alba.balladelli@ior.it)

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

€ 500.00 and € 350.00 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**