

REGISTRATION FORM

Conference

Civil Military Cooperation Enhancing Combat Trauma System and Disaster Medical Management Capacities

September 12 – 14, 2012 – Naples (Italy)

PERSONAL INFORMATION

Name.....

Last Name.....

Position.....

Company/Institution/Department/Other.....

Postal address.....

City.....Postalcode.....Country.....

Phone..... Fax..... E- mail.....

It is my intention to present a presentation/poster on

topic.....on day of the conference

The given information will be treated in compliance with Italian Law Decree about the Privacy (number

196/2003). I authorize I don't authorize

DATE..... SIGNATURE.....

Info at website: <http://www.ectsdmmc.unina2.it>

Please send the registration form filled in with the required information by fax to 0039 0823 363828

Final date for forwarding registration forms 01 Sep 2012

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