

REGISTRATION FORM

International Conference Civil Military Cooperation in trauma and Combat Trauma System Education and Training

September 26 – 27, 2013 – Naples (Italy)

PERSONAL INFORMATION

Name.....

Last Name.....

Position.....

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

Postal address.....

City.....Postal code.....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 Personal Data Protection Code (Legislative Decree #196 of 30 June 2003). I authorize I don't authorize

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

Please send the registration form filled in with the required information by fax to +39 0823 363828

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