

# REGISTRATION FORM

Clinical Practice in Disaster and Humanitarian Missions Medical Support  
November 20-21, 2014  
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 361086

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