

FIRST INTERNATIONAL CONFERENCE

Mitofusin 2: neuropathies and mitochondrial fusion

7th Aprile 2014

Aula Magna GB Candiani - IRCCS Ca' Granda Foundation
Ospedale Maggiore Policlico - Mangiagalli Milano

APPLICATION FORM

Surname _____ Name _____

Specialization _____

Hospital/ Research Centre _____

E-mail Address _____

Phone Number _____

Association _____

AUTORISATION FOR PERSONAL DETAILS

"In compliance with the Italian Legislative Decree no. 196 dated 30/06/2003, I hereby authorize the recipient of this document to use and process my personal details for the purpose of Conference organization and I confirm to be informed of my rights in accordance to art. 7 of the above mentioned decree."

Date _____ Signature _____

Please, return this application form filled before 20th March 2014 by e-mail to the following address convegnomitofusina2@gmail.com or by fax at the number +39 011 5682195.

For further information, please go to our website www.progettomitofusina2.com or address to the Organising Secretariat by e-mail or at the phone number +39 3334376215.