

**IV Meeting on the  
MOLECULAR MECHANISMS OF NEURODEGENERATION**

Aula Magna, Università degli Studi di Milano - Italy

**May 8-10, 2009**

**Registration form**

Please send this form **COMPLETELY AND CLEARLY FILLED IN (IN CAPITAL LETTERS)**

by April 15th, 2009, together with a copy of the payment to:

**KEYWORD Europa Fax +39 02 54124871 Tel. +39 02 54122513/79 E-mail: keyword2@mdsnet.it**

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City \_\_\_\_\_

zip code \_\_\_\_\_ Country \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

C.Fiscale (for Italian Participants) \_\_\_\_\_

Hospital \_\_\_\_\_

Title \_\_\_\_\_

Discipline \_\_\_\_\_

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account no. IT 41 X 01030 01606000000848025 BIC CODE PASC IT MM XXX

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- ☐ Credit card ☐ VISA ☐ MASTERCARD ☐ EUROCARD

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**Invoice to:**

Surname name \_\_\_\_\_

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Address \_\_\_\_\_

Country \_\_\_\_\_ zip code \_\_\_\_\_

C.Fiscale / P.Iva. (for Italian Participants) n. \_\_\_\_\_

I authorise the use of my personal data in compliance with the Italian Legislative Decree 196/03, for organizational purposes and in order to receive informative and commercial communications.

Date..... Signature.....

**May 8-10, 2009**

Signature.....