



Bolzano

22.-23. February, 2018

DoloMeeting Arrhythmias

REGISTRATION FORM

Please fill out this form and send it to
ADRIA CONGREX

c.cherubini@adriacongrex.it

Tel. 0541 305811

Fax 0541 305842

Name and surname _____

Qualification / Specialty _____

Institute / Hospital _____

Tel. _____ Cell. _____

Street _____

Postal code _____ City _____ Country _____

The signing for the Congress is free of charge but the register form has to be filled out.
The adhesion is bound to the obligatory presence of the participant.
By signing I agree that Adria Congrex is owner
of the data given and the information is stored in a
databank which is used
to inform subscribers about news regarding upcoming events like documentation.
It is not obligatory to fill out the form, but it is mandatory for participation at the Congress.
I agree: YES NO

Signature: _____