

19° Seminario SIF
Dottorandi, Assegnisti di Ricerca, Postdottorandi e Specializzandi
Registration Form

20-22 September, 2016

Palacongressi di Rimini
Via della Fiera, 23 – Rimini

The undersigned:

Last Name First Name

Address City

Phone Fax Mobile

E-mail.....

State

- To be

Full SIF Member Junior SIF Member Non-Member **BPS Member**

- To participate for the entire Congress (20-22 September, 2016)

- To be PhD Student year..... Fellow PostDoc Specialist Trainees

Department

Address City

Phone Fax.....

Tutor

- To submit (first name): Poster Oral Communication

Title

.....

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Date

Signature

I authorize the treatment of my personal data (Legislative Decree no. 196/2003).

Signature _____