



SPRING COURSE IN
HEREDITARY CANCER GENETICS
(APRIL 10TH – APRIL 13TH, 2016)

PRE-REGISTRATION FORM

Please complete and return this form by email within **February, 1st 2016 at 18:00 (CET)** to the Course Secretariat:
jbazzoli@ceub.it

Please print or write clearly and ensure that the information provided below is correct.

Applicant

Title and gender (please check the appropriate boxes): Dr Prof Student male female

First Name: _____ Last Name: _____

Address: _____

Company/Institution: _____

Phone: _____ Email: _____

Professional role

Medical doctor _____
(please indicate your subject)

Genetic counselor/nurse _____
(please indicate the main field of your clinical activity and the number of years of experience)

Molecular geneticist _____
(please indicate your subject)

Student _____
(please indicate your subject)

Other _____
(please specify)

Training level

completed **underway** _____
(please explain)

Registration Fee: €750

It includes tuition, course material, accommodation in double room for three nights (*from April 10 to April 13*), lunches, coffee breaks, dinners, and transportation from Bologna airport to Bertinoro on the morning of April 10th and back on the afternoon of April 13th.

ALL APPLICANTS ARE REQUIRED TO ENCLOSE A CV TO THIS FORM.

By February 15th you will receive a confirmation of acceptance with the required information in order to continue with the registration and payment process.