

## REGISTRATION FORM

Please Complete Form and fax to Miriam Puttini at +39-039-2333539  
or email to [miriam.puttini@unimib.it](mailto:miriam.puttini@unimib.it) by **Friday, September 15**

### **Preliminary program:**

**7.30-8.30 p.m. 'ILTE Scientific Meeting'**  
**from 8.30 p.m. Dinner**

**Ritz-Carlton Hotel**  
**Atlanta Grill, Ritz-Carlton Hotel**

## REGISTRATION INFORMATION

Meeting role:

INVESTIGATOR

OTHER: \_\_\_\_\_

Last name \_\_\_\_\_

First name \_\_\_\_\_

Credentials (i.e. MD, PhD) \_\_\_\_\_

Affiliation \_\_\_\_\_

Office Mailing Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

Email \_\_\_\_\_

## SPECIAL NEEDS /DIETARY RESTRICTIONS

Special needs:

\_\_\_\_\_

Dietary restriction/Food Allergies:

\_\_\_\_\_