

2nd **ULTRASOUND IN DEEP ENDOMETRIOSIS**

Rome, December 3rd 2011

REGISTRATION FORM

Please fill in and send by fax or e-mail to:
coordinator Barbieri Dafne
tel.: +39-06-30155131 fax: +39-06-233231366
e.mail: info@deependometriosis.com

Name _____ Surname _____

Postal Address _____

City _____

Country _____ Zip Code _____


Telephone () _____ E-mail _____

Tax Code _____

REGISTRATION FEE (VAT INCLUDED)

The registration fee is 100 € and includes participation at the scientific session, conference kit and attendance certificate.

Payment details

 On site after online registration

 Bank transfer to:
Unicredit Banca di Roma
AGENZIA 60
IBAN :IT97P0200805314000400000619

SWIFT CODE: UNCRITM1B41

Please enter as reference "Ultrasound in Deep Endometriosis" and attach a copy of the bank transfer