

# ULTRASOUND IN DEEP ENDOMETRIOSIS

Rome, April 24<sup>th</sup> 2010

## REGISTRATION FORM

Please fill in and send by fax or e-mail to:  
**ORGANIZING SECRETARIAT DR. CHIARA CALACE**  
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, lunch and attendance certificate.

### Payment details

 On site

 Bank transfer to:  
Unicredit Banca di Roma  
AGENZIA 60  
IBAN : IT84 X 03002 03360 000400266512

SWIFT CODE: BROMITR 1060

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