

Addressor:

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**Registration Summer School on “Gender Medicine”, Eleonora d’Arborea,
Sept. 19th – 22nd, 2011 in Sassari, Italy**

Please write in block letters!

Registration Fee 350 €

Name :
Institution :
Society :
Address :
Phone :
E-mail :

Please send the registration form by 19.08.2011 at the latest

- *For room reservation please find the attached list of hotels and B &B*

Please send/or fax the registration form to the above address

-No On-Site Registration possible !

I transfer the registration fee of €350 by 19.08.2011 to the following bank account:
BANCO DI SARDEGNA AGENZIA N. 1 n. 13500, Account holder :UNIVERSITA’ DEGLI
STUDI DI SASSARI,
IBAN Code : IT96F0101517201000000013500 - SWIFT Code : SARDIT3SXXX
Other code : ABI 01015 - CAB 17201 - CIN F

Purpose : N 146 and your name

Date: _____

Signature: _____