



REGISTRATION FORM
ITALIAN SUMMIT ON PRECISION MEDICINE
Rome, 28th-29th April 2023
(please, fill in in capital letter)

Name:					Surname:														
Date of birth				Place of Birth:															
VAT/FISCAL CODE:																			

Address:

Street:											n°:
Postal code:		City:									
Phone:				Fax:		E-mail:					
Mobile:				Occupation:							
Institution:											

Specialization/Discipline:

<input type="checkbox"/> Oncology	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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