

RHINOPLASTY WORKSHOP

26th May, 2007

ROME – ITALY

Registration Form – Deadline 25th April, 2007

FIRST NAME _____

SURNAME _____

ADDRESS _____

CITY _____

POST CODE/ZIP _____

COUNTRY _____

TELEPHONE N°. _____

FAX N°. _____

EMAIL ADDRESS: _____

PAYMENT DETAILS – Course Fee: € 750,00

limited to 15 participants

*Payment Bank transfer c/o Deutsche Bank, Roma G,
made out to SOCIETA' ITALIANA DI CHIRURGIA ESTETICA
c/c 160618
CAB 03206
ABI 3104
IBAN IT20B0310403206000000160618
SWIFT DEUTITM1587*

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