



REGISTRATION FORM

1ST FRENCH-ITALIAN MEETING ON LAMINOPATHIES & OTHER NUCLEAR ENVELOPE-RELATED
DISEASES - 15 & 16 JANUARY 2015 - MARSEILLE - FRANCE

Please return this form before December 31st, 2014 to

MCO Congrès –Audrey MARTIN – audrey.martin@mcocongres.com - Fax 04 95 09 38 01
27 rue du Four à Chaux -13007 Marseille

Last Name:

First Name:

Delegate (MD, Practitioner, Researcher...)

Assistant, Head of Clinic, Genetic Counsel

Student, Nursing Staff, Technician

Family member

Please precise name of patient:

Organization / Hospital / University:

Address:

Zip CodeCity:State:

Tel:

E-mail:

I have been invited by:

Registration to the Meeting is free.

It includes access to the programme sessions, coffee breaks and lunch buffet.