

Pre-Registration Form

"HANDS-ON COURSE: SULCI, GYRI AND VENTRICLES"

29-31 May 2008

Personal Data

Name

VAT (NIF)

Address

ZIP code

City Country

Telephone

Fax

Email

Working Place (Department, Hospital, University or Enterprise)

Professional Experience

Education and Academic Degrees

Motivation for attending this course

Please fill and send this form to:

Ana Lúcia Fernandes: sec-pg@ecsaude.uminho.pt

Escola de Ciências da Saúde, Universidade do Minho

Campus de Gualtar 4710-057 Braga Portugal

Tel: 253604859; Fax: 253604847

Your registration will be effective only after acceptance and payment of the course fee.

Participants are responsible for finding their own accommodation

I do not allow my email contact to be revealed in the participants list

When different than participant, invoice made to: