PARTICIPATION FORM

XXXV NATIONAL CONFERENCE OF THE ITALIAN GROUP FOR THE STUDY OF NEUROMORPHOLOGY (G.I.S.N.)

Turin 28-29 November, 2025

SURNAME_____NAME _____

ROLE_____

DEPARTMENT_____

INSTITUTION_____ ADDRESS_____ CITY

_____ Z.I.P. CODE_____

TELEPHONE_____E-MAIL_____

☐ I WILL SUBMIT A COMMUNICATION WITH THE TITLE:

☐ I WILL BE PRESENT AS CO-AUTHOR OF A COMMUNICATION WITH THE TITLE:

☐ I WILL BE PRESENT AT THE CONFERENCE WITHOUT SUBMITTING COMMUNICATIONS

At the same time, please fill out the following Google form to provide further information about the conference's extra activities (social dinner, visit to the Cavalieri Ottolenghi Neuroscience Institute, etc.): **https://forms.gle/rtVuiEhN8sqx68Cr8**

DATE _____ SIGNATURE_____

TO BE RETURNED TO:

GISN 2025: GISNTorino2025@gmail.com

An in CC to Organizing secretariat: gisnneuromorfologia@gmail.com

Legislative Decree 196/03: the above data will be used exclusively for registration for the Conference and will not be disclosed to others or used for advertising or promotional purposes of any kind.