

PARTICIPATION FORM

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

Napoli, 25-26 November, 2022

SURNAME _____ NAME _____
DEPARTMENT _____
INSTITUTION _____
ADDRESS _____
CITY _____ C.A.P. _____ TEL _____
TEL _____ FAX _____ 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

I WILL PARTICIPATE IN THE SOCIAL DINNER (cost around € 35)

DATE _____ SIGNATURE _____

TO BE RETURNED TO:

**Organizing secretariat: gisn2022.napoli@gmail.com and copy to:
gisnneuromorphologia@gmail.com**

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