

HIPON International Conference & Workshop "IMPROVING PATHOLOGY TEACHING"

Scientific Coordinator: Assoc. Prof. Dr. Andreas C. Lazaris

REGISTRATION

Athens, October $22^{nd} - 23^{rd}$, 2015

Registration Form for Attendees:

GENERAL INFORMATION		
First Name:		
Last Name:		
Institute:		
Department:		
Position:	☐ Teaching staff	
	☐ Pathology resident	
	☐ Medical student	
	☐ Other	
Taking part in ¹ :	☐ International Conference, October 22 nd	
	☐ International Workshop, October 22 nd	
	☐ International Workshop, October 23 rd	
e-mail address:		
Phone number:		
Mobile phone:		
SPECIFIC INFORMATION		
Do you want to give an oral presentation in the International Conference?		☐ Yes
		□ No
If yes, please provide us with the following information:		
Abstract Title:		
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 $^{^{\}mathrm{1}}$ The participation in the two events is free of charge and includes coffee and lunch breaks.







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Please send the completed form no later than $\underline{\text{Wednesday }30/09/15}$ to the e-mail address: $\underline{\text{kampisiouli@avmap.gr}}$



