

GENETIC INTERPRETATION OF RARE DISEASES: FROM MUTATION TO PATIENT

Registration form

Name *

Last name *

Identification number*

Position *

Institution/Company *

Department

Address

ZIP *

City *

Country *

Phone

email *

Sessions I will attend:

Session 1 (6 July): SI/NO

Session 2 (7 July): SI/NO

Both: SI/NO

Date of inscription: mm/dd/2017

****Mandatory information***