

## First Workshop

## BONE MARROW TRANSPLANTATION IN THALASSEMIA

Fondazione IME - University of Tor Vergata - Rome 27 - 31 March 2006

## **APPLICATION FORM**

Country:					
Family Name:				First Na	ne:
Degree	Year	Institution	Lo Lo	cation	Major subject
<b>Training:</b> list all t	raining receiv	ed, beginning	with the most re	ecent.	
	Training #		Training #2		Training #3
Institution:					
Laboratory					
Laboratory Clinic Depart.					
Clinic Depart.					

Experience: I	List working	experience;	begin w	rith the	most rec	cent prior	to your	present posi	tion.

Name of	Name of Director:	Your	<b>Description of duties:</b>	
Institution:		title:		
	_			
Please attach a sho	ort C.V.			
Participant Contac	cts:			
Address:				
Telephone:				

## *Note:*

Fax:
E-mail:

Upon submission of the application form, our Office shall contact all participants for the travel and accommodation arrangements. Applicants are required to submit this form before 26<sup>th</sup> February 2006 to

p.sinibaldi@fondazioneime.org

Please attach copy of the first 2 pages of your Passport

FAX +390642049179