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|  | <p><b>First Workshop</b></p> <p><b><i>BONE MARROW TRANSPLANTATION IN<br/>THALASSEMIA</i></b></p> <p><i>Fondazione IME - University of Tor Vergata - Rome</i><br/><i>27 – 31 March 2006</i></p> <p><b><i>APPLICATION FORM</i></b></p> |
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|                     |                    |
|---------------------|--------------------|
| <b>Country:</b>     |                    |
| <b>Family Name:</b> | <b>First Name:</b> |
|                     |                    |

| <b>Degree</b> | <b>Year</b> | <b>Institution</b> | <b>Location</b> | <b>Major subject</b> |
|---------------|-------------|--------------------|-----------------|----------------------|
|               |             |                    |                 |                      |
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**Training:** list all training received, beginning with the most recent.

|                                      | <b>Training #1</b> | <b>Training #2</b> | <b>Training #3</b> |
|--------------------------------------|--------------------|--------------------|--------------------|
| <b>Institution:</b>                  |                    |                    |                    |
| <b>Laboratory<br/>Clinic Depart.</b> |                    |                    |                    |
| <b>Instructor(s):</b>                |                    |                    |                    |
| <b>Dates:</b>                        |                    |                    |                    |
| <b>Training:<br/>Received:</b>       |                    |                    |                    |

**Experience:** List working experience; begin with the most recent prior to your present position.

| <b>Name of Institution:</b> | <b>Name of Director:</b> | <b>Your title:</b> | <b>Description of duties:</b> |
|-----------------------------|--------------------------|--------------------|-------------------------------|
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|                             |                          |                    |                               |

**Please attach a short C.V.**

**Participant Contacts:**

**Address:**

**Telephone:**

**Fax:**

**E-mail:**

**Please attach copy of the first 2 pages of your Passport**

*Note:*

*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](mailto:p.sinibaldi@fondazioneime.org)*  
*FAX +390642049179*