



**Registration form**

**Title: Prof / Dr / Mrs / Mr / Ms**

**Surname:** \_\_\_\_\_.

**Name:** \_\_\_\_\_.

**Representing:** \_\_\_\_\_.

**Position:** \_\_\_\_\_.

**Area of work: ex: medical devices, NCE's, biologics – please specify**

\_\_\_\_\_.

\_\_\_\_\_.

**Pathologies addressed:**

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

**Reason for attending:**

\_\_\_\_\_.

**Are you interested in making a technology/know-how offer? Yes / no**

**Contact information:**

**e-mail:** \_\_\_\_\_.

**Telephone:** \_\_\_\_\_.

**Please return to:**

**Ms. Catia Minutiello, Fondazione Parco Biomedico San Raffaele**

**Fax number: 06 80 31 90 54 or by e-mail to [catia.minutiello@spr-r.it](mailto:catia.minutiello@spr-r.it)**

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