

REGISTRATION FORM
INTERNATIONAL LUNG CANCER DIAGNOSTICS WORKSHOP
Diagnostic & Research Institute of Pathology Graz, Sept 16 – 17, 2019

Please transmit completed form before September 8th, 2019 to the course office:
e-mail: edith.kleinferchner@medunigraz.at / fax number: 0043 (0)316 385 79007

Upon receiving the registration form we will email a confirmation within 7 days.

Last (family) name

Date of registration

First (given) name

female

male

Institution / Hospital

Street name / House number

private address

working address

Postcode

City

Country

e-mail address* E-mail addresses will be published on the list of participants, which will be handed out to all participants and lecturers.

*If you do **not agree**, that your E-mail address will be published on the list of participants please cross this box

Profession

Clinician

Pathologist

Molecular Biologist

Biomedical Analyst

Other

Requested confirmation

DFP (credit points of the Austrian Medical Chamber)

CPD (credit points of the Austrian Association for Professionals in Biomedical Science)

European CME credits (by the EACCME®)

Informal confirmation of attendance without credit points