

**9<sup>th</sup> ROME INTER-MEETING**  
**Interventional Radiotherapy Multidisciplinary Meeting**  
**19<sup>th</sup> -20<sup>th</sup> October 2018, Rome**  
an INTERACTS event

**REGISTRATION FORM**

Please submit the registration form to: [claudia.dibenedetto@policlinicogemelli.it](mailto:claudia.dibenedetto@policlinicogemelli.it)

**Please print in block letters.**

Name (as it appears on your passport):

Surname: \_\_\_\_\_ (First) Name: \_\_\_\_\_

Name as you would like it on your certificate:

\_\_\_\_\_

Gender: Male (  ) Female (  )

Birthdate (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ City \_\_\_\_\_

Current Position: \_\_\_\_\_

Institution / Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (with country and city code): \_\_\_\_\_

Fax (with country and city code): \_\_\_\_\_

E-mail: \_\_\_\_\_

**REGISTRATION FEE: FREE**