

**RADIOMAG CONFERENCE REGISTRATION FORM MD**

Name: 

First Surname: 

Second Surname: 

Email: 

Degree:  [ ]  M.D. [ ]  Ph.D. [ ]  Both [ ]  Staff [ ]  MIR

Work center: 

Mailing address: 

ZIP code:

Country: 

**The inscription and the access to the Thursday morning session (Building bridges with Interventional Oncology) is free, but it does not include the coffee served during the coffee-break.**