**ESoA course**

**Diagnostic and Therapeutic Applications of Electromagnetics**

**Napoli, September 11– 15, 2017**

## REGISTRATION FORM

**Personal Information:**

|  |  |
| --- | --- |
| Name (First / Last) |  |
| Address |  |
| Postal code  |  | E-mail |  |
| City |  | Fax |  |
| Country |  | Tel |  |

**Institution/Company:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postal code  |  | E-mail |  |
| City |  | Fax |  |
| Country |  | Tel |  |

**Registration Fees** *(please tick off one of the appropriate lines)*

|  |  |  |
| --- | --- | --- |
|  | Non-profit institutions | € 440,00 |
|  | Profit institutions | € 880,00 |

The registration fee includes course materials, lunches, coffee and a social dinner

Please send by e-mail this form filled to

**Lorenzo Crocco** (crocco.l@irea.cnr.it) and **Nadia Russo** (russo.n@irea.cnr.it).