



RETINA MEETING

REGISTRATION FORM

FAX + 41 31 377 53 79

RETINA MEETING LUGANO, JUNE 19TH, 2004

Title _____

Given Name _____

Surname _____

Address _____

Postcode _____

City _____

Country _____

Telephone _____

E-Mail _____

(country + area/city codes required)

I accept to pay CHF 100.- (65 €) as participation fee (includes lunch) at registration desk (trainee/assistant pay half).

Stamp / Signature _____

Deadline for receipt of registration forms: **6th June 2004**

This form has to be sent by FAX to + 41 31 377 53 79 to Novartis Pharma Schweiz AG, Bern or by e-mail to retinameeting@ziliotti.ch