Date: 7th February 2017

REGISTRATION FORM

To be send to Prof Stefano Romeo, local organizer

Stefano.Romeo@wlab.gu.se

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Nationality |  |
| Affiliation |  |
| Position |  |
| Address |  |
| E-mail |  |
| 2nd E-mail |  |
| Office phone number |  |
| Mobile phone number |  |
| Special dietary requirements |  |
| Academic degree \* | ☐ MD ☐M.D./Ph.D ☐ MD ☐ M.Sc☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Field of Study | ☐ Diabetes ☐ Hepatology ☐ Obesity☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Registration | ☐ Full Program ☐ Monday May 8th ☐ Tuesday May 9th  |
| Other notes |  |