

**REGISTRATION**

Send mail to : iscrizioni@cmwlab.it

Family Name..........................................................................First Name.............................................................................

Date of birth…………………………………..

City.......................................................................................Country......................................................

Telephone number....................................................E-mail..............................................................................

Nationality:………………………………………………………………………….

PROFESSION : MEDICAL DOCTOR NURSE BIOLOGIST

 SPECIALIZATION : …………………………………………………………………………………………………………………………….

**Early bird discount registration before 31th October 2025**

Regular admission: € 100,00 + VAT (22%)

**\***the cost includes access to coffee breaks and lunches on both days

Students/Residents: Free admission

**Registration after 31th October 2025**

Regular admission: € 250,00 + VAT (22%)

**\*the cost includes access to coffee breaks and lunches on both days**

Students/Residents: Free admission

Bank account details: Bper Banca

IBAN IT58Y0538774790000043011113

Bank Transfer Recipient: Cmw Lab S.r.l.

Purpose of transfer: registration to Inflammoncology Third Edition