

49th SEMINAR
European School of Nuclear Medicine
23rd – 24th of September, 2011, Belgrade

Registration

Name:		Surname:	
Year of birth:			
Sex:		male	female
Address of Workplace:	Hospital:		
	Department:		
	Street:		
	City:		City code:
	State:		
Phone number:			
Fax:			
E-mail:			
Twin bedroom with:			
Date of arrival:			
Date of departure:			

Please send back by mail to veraart@beotel.rs or dsobic2@gmail.com