

## Pre-Registration Form

### "HANDS-ON COURSE: SULCI, GYRI, VENTRICLES AND DISSECTING FIBERS"

17-21 November 2008

#### Personal Data

Name

VAT (NIF)

Address

ZIP code

City

Country

Telephone

Fax

Email

**Working Place** (Department, Hospital, University or Enterprise)

#### Professional Experience

#### Education and Academic Degrees

#### Motivation for attending this course

Please fill and send this form to:

Ana Lúcia Fernandes: [sec-pg@ecsaude.uminho.pt](mailto:sec-pg@ecsaude.uminho.pt)

Escola de Ciências da Saúde, Universidade do Minho

Campus de Gualtar 4710-057 Braga Portugal

Tel: 253604859; Fax: 253604847

Your registration will be effective only after acceptance and payment of the course fee.  
Participants are responsible for finding their own accommodation

☐ I do not allow my email contact to be revealed in the participants list

When different than participant, invoice made to: