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Organizing Secretariat: NEUROMEDITERANÉE 2012,

The Cyprus Institute of Neurology & Genetics, P.O. Box 23462, 1683 Nicosia, CYPRUS

Tel: 00357 22392628; Fax: 00357 22392641, neuromed2012@cing.ac.cy

ATTENDEE INFORMATION

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| Mr | Mrs | | Ms | | | MD | | | PhD | | Prof | (other) | | | |  |
| First Name: | |  | | | | | | | | Family Name: | | | |  | | |
| Institution / Company: | | | |  | | | | | | | | | | | | |
| Address 1: | |  | | | | | | | | | | | | | | |
| Address 2: | |  | | | | | | | | | | | | | | |
| Postal Code: | |  | | | | | City: |  | | | | | Country: | |  | |
| Phone: | |  | | | | | Fax: |  | | | | | E-mail: | |  | |
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| PERSONAL INFORMATION | | | | | |
| Last name: |  |  | First name: | |  |
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| Tel.: |  | Fax: | |  | |
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| KEY TOPIC: | | | | | |
| TITLES FOR ORAL PRESENTATION | | | | | |
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| KEY TOPIC: | | | | | |
| TITLES FOR POSTER PRESENTATION | | | | | |
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| POSTER SIZE: 85CM X 120CM (A0) | | | | | |
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| EQUIPMENT NEEDED | | | | | |
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| Title: |  |
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Maximum 250 words