

Registration form

**24th ANAESTHESIA SYMPOSIUM ALPE ADRIA
BLED, SLOVENIA
16th – 18th, 2011**

Name and surname (MD/RESIDENT/ TECHNICIAN)									
Institution									
Address									
Telephone, mobile, fax									
e-mail									
Days of participation	<table border="1"><tr><td>ALL</td><td>16.</td><td>17.</td><td>18.</td></tr><tr><td colspan="4" style="text-align: center;">OF SEPTEMBER</td></tr></table>	ALL	16.	17.	18.	OF SEPTEMBER			
ALL	16.	17.	18.						
OF SEPTEMBER									
Date and signature:									

Please send it by post, email or fax:

Sabina Perko

SZAIM-SSAICM

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University Medical Centre Ljubljana

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SLOVENIA

Fax: +386 1 522 22 34;

sabina.perko@gmail.com

Registration fee should be paid on account:

Nova Ljubljanska banka d.d. Ljubljana

Trg republike 2

1000 Ljubljana

IBAN: SI 56 0222 2001 9518588

SWIFT CODE: LJBASI2X