



European Management
Platform for Childhood
Interstitial Lung Diseases



Registration Form chILD-EU-Symposium Munich

First name: _____

Last name: _____

Institution: _____

Address:

Street No.: _____

City: _____

Country: _____

I will join the Symposium:

On Friday, 25th November 2016

On Saturday, 26th November 2016

On both days

Date, Signature

Please send the application form back to Munich by Email: child-eu-office@med.uni-muenchen.de or by Fax 0049/89/44005-7872 **UNTIL 15th November 2016.**

Many thanks!