

2<sup>nd</sup> Lugano  
Stem Cell  
Meeting

22<sup>nd</sup>-23<sup>rd</sup> June 2010  
Cardiocentro Ticino  
Lugano - Switzerland



|                       |   |   |  |
|-----------------------|---|---|--|
| Family name           |   | First name  |  |
| Institute             |   |   |  |
| Department            |   |   |  |
| Institute Address     |   |   |  |
| Institute Postal code |   | City  | Country  |
| (int. Code: ++)       |   | Tel.  | Fax  |
| e-mail                |   |   |  |
| Registration fees     | <input type="checkbox"/> Euro 150: for the entire SCM, from Tuesday 22 <sup>nd</sup> June 09:00 a.m. to Wednesday 23 <sup>rd</sup> June 02:45 p.m.  | <input type="checkbox"/> Euro 100 for daily registration. Please tick as appropriate: | <input type="checkbox"/> Tuesday 22 <sup>nd</sup> June 2010<br><input type="checkbox"/> Wednesday 23 <sup>rd</sup> June 2010 |
|                       | <input type="checkbox"/> Beckman Coulter Workshop. Tuesday 22 <sup>nd</sup> 12:40 – 13:40. No fees required. Max 25 participants, registration will be confirmed  |   |  |
| Payment               | <input type="checkbox"/> I have instructed my bank to transfer the amount due with no costs to the beneficiary to Banca della Svizzera Italiana, account n. A339092F, Fondazione Cardiocentro, Congressi, 6900 Lugano Switzerland, with reference "(participant's name)" and enclosed is a copy of the transfer. SWIFT CODE: BSILCH22 - IBAN CODE: CH8408465000A339092F |   |  |
|                       | <input type="checkbox"/> I would like to receive the brochure of the 6 <sup>th</sup> Interventional Symposium on High Risk Coronary Intervention – Meet the Experts 2010  |   |  |

REGISTRATION FORM

*For individual participant*

DEADLINE FOR REGISTRATION  
28<sup>TH</sup> MAY 2010

TO BE RETURNED WITH ENCLOSURES TO

**Cardiocentro Ticino Congress Management**

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