



# 6<sup>th</sup> AIItUN Annual Meeting

Take a Breath & Inhale the Medicine  
Parma, Italy • 8-9 March 2012

## REGISTRATION FORM

### Personal Information:

Mr.       Mrs.       Ms.       Dr.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Department \_\_\_\_\_

Faculty \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

AAPS member       YES       NO

AIItUN member       YES       NO

If not, would you like to join the AIItUN chapter? It's free!       Yes       No

Date \_\_\_\_\_

Signature \_\_\_\_\_