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**SCHEDA ISCRIZIONE/REGISTRATION**

**7th International Forum Innopsy 2017  
Psychiatry in Transition: New Perspectives from Child to Late-Life Psychopathology  
Milano May 16-17 2017**

Codice Fiscale/ID Code (if available).....

VAT Number/IVA (if available).....

Cognome/Surname .....

Nome/Name .....

Data e Luogo di nascita/ Date and Place of birth.....

Professione/Profession

- PSICHIATRA**
- NEUROLOGO**
- FARMACOLOGO**
- PSICOLOGO E PSICOTERAPEUTA**

Recapito telefonico/Phone.....

Indirizzo e-mail .....

Indirizzo Residenza/Address.....

C.A.P./ZIP ..... Città/Town ..... Provincia/State.....

Congress participation + catering € 450,00

**Methods of payments**

- Bank Transfer to AIRON COMMUNICATION SRL  
IBAN: IT41L0569601604000005856X60; BIC - SWIFT: POSOIT22

**PLEASE SEND THE FORM BY FAX 0039.02.39314312 OR BY EMAIL TO a.palmieri@airon.it**

Data/Date.....

Firma/Signature.....