



REGISTRATION FORM

First name: _____ Last name: _____

Preferred address: _____

ZIP CODE: _____ City: _____ Country: _____

This address is: Home Work

Phone number: _____ Mobile ph: _____ Fax: _____

E-mail: _____

Profession

Physician Nurse Other (please specify): _____

Membership dues category:

- Full, voting member: euro 30
 Affiliated, non-voting member: free offer

Committee interest(s):

Professional Development Committee:

Objective: Increase number of lung cancer researchers, particularly women, through mentoring, networking and professional career development

Public Policy Committee:

Objective: Increase funding for lung cancer research through education of public officials and private organizations (banking foundations, private company, etc....)

Awareness Committee:

Objective: Increase awareness of the lung cancer epidemic.

Science and Research Committee:

Objective: Increase research of the etiology, treatment and prevention of lung cancer, with an emphasis on understanding sex differences.

Would you like to make an additional donation?

25 € 50 € 100 € other amount : _____

Payment:

Visa Mastercard

Credit card number: _____ Expiration date: _____

Bank transfer: Unicredit Banca IBAN: **IT7810200830689000040877852** SWIFT: **UNCRITB1FH3**

Signature: _____

WALCE Onlus

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