

Application form

Fax response

1st Swiss Summit on Hemato-Oncology

1st SSHO 2009



Registration

Title	First name	Last name	Hospital or practice
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Street address of hospital or practice

Postal code	City	Country	E-mail
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- Yes, I will be attending the 1st SSHO in **Lausanne** on Thursday **11 June 2009**.
- Yes, I will be attending the 1st SSHO in **Lucerne** on Thursday **25 June 2009**.
- No, I will not be attending the 1st SSHO, but I would like to receive information on the 2nd SSHO in 2010.
- No, I will not be attending the 1st SSHO.

Please return the application form by fax to 041 768 53 40.